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PHYSIOLOGY.

LECTURES

ON THE

PHYSICAL CONDITIONS

OF THE

TISSUES OF THE HUMAN BODY

AS APPLIED TO THE EXPLANATION OF

VITAL PHENOMENA.

Delivered at the College of France in 1834,

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LECTURE VII.

Four of the Quarantine Diseases certainly not contagious. The Fifth most probably not so.—Arguments against the Quarantine Laws.—The Transmission of Gases through the Animal Tissues.—Changes in the Blood effected in the Lungs.—Poisonous Qualities of some Gases.—The admission of Air into Veins.—Mode in which it produces Death, when fatal.—Experimental Injection of Air into the Jugular Vein of a Dog.—Error of Bichat.—Veins which will bear Injection with Impunity.

THE diseases, Gentlemen, which are contagious according to law are five, viz. *lepra, typhus fever, yellow fever,* the *plague,* and the *cholera morbus.* Here, you see, our legislature has passed over small-pox, although, without requiring a knowledge of medicine, the slightest consideration of facts known to the whole world would have demonstrated its contagious nature; but let this pass for the present; it is not the only absurdity we shall find in the quarantine laws. Let us now examine in turn each of the diseases above enumerated, and see how far the arrangements of the legislature agree with the principles of medicine.

Lepra is a very rare complaint, and we cannot, therefore, enter into any extensive details with respect to it; I speak of lepra as it occurs in this climate, not of the disease so often observed in the colonies, to which the present remarks may not apply. Lepra I say as seen in France, England, Germany, or other parts of Europe, is not considered by medical men as a contagious complaint; if a case of lepra happen to fall under our care, we keep the patient, as a kind of curiosity, in the hospital, for two or three years; we show him to any one who visits the hospital; we touch the affected part without any apprehension of danger; we may get a picture of him painted, and then dismiss the patient, being fully convinced that he will not transmit the disease to his neighbours. This is a fact which is familiar to every physician who has had any length of hospital practice. Lepra is not, therefore, a contagious disease, and should be erased from the above catalogue.

Let us now turn to *typhus fever,* and see whether it also merits to be enumerated among the five proscribed diseases. We must examine the question closely, for it is difficult, and one of high practical importance. What are the circumstances, Gentlemen, under which this disease is ordinarily developed? A person goes into a locality or habitation where the typhus fever already exists, and immediately catches the complaint; but is this contagion? You may say so, if you like, in a certain sense, for he has respired the miasmatous exhalations of the patient, and contracted the disease in this manner. But let us examine the case in a different light. Take this same patient from the hospital in which numbers of individuals, affected with the same malady are crowded together, where the air is tainted with every kind of unhealthy exhalation, and transport him to some airy wholesome situation. Is he there capable of communicating the disease? No, Gentlemen, the so-called contagious nature of typhus is lost by removal from one spot to another, and we never see the disease propagated by persons affected individually.

You are, therefore, entitled to say, that

persons assembled together in great numbers and in unwholesome situations, are capable of communicating typhus fever to others; but experience proves that the same individuals when separated will not give the disease. You may call typhus fever contagious, in the former case, if you wish, from the fact of its being transmissible in *some* form, but I should not apply the term "contagion" to this mode of communication, because I regard those diseases alone as contagious, which may be transmitted from one individual to another, at any time, independently of situation, atmospheric influence, or any of those circumstances which we know to favour the development of miasmatous affections. Whenever people are assembled together in large numbers, we may have a fever originated, which is capable of being transmitted to healthy individuals. This is a fact which we witness every day in hospitals, prisons, and other places of the same description, but we are far from regarding the disease so produced as contagious.

It is a practical remark, worthy of attention, Gentlemen, that some individuals are much more apt to exhale injurious vapours than others; thus, for example, ill-nourished persons sometimes present this tendency in a very high degree. If a man take nothing but bad indigestible nutriment, or remain for any considerable time without taking any food at all, his exhalations soon assume a deleterious character. We have frequent occasion to prove the truth of this observation in *La Salpetriere*, where a great number of patients labouring under mental alienation are received. These unfortunate individuals often refuse all food for a length of time, and then exhale the most fetid odours, capable, no doubt, under certain circumstances, of generating disease. A similar effect is also produced by strong moral dispositions and passions. I remember the case of an English lady in Paris, who refused to take food for fifteen days, on account of some domestic affliction, and at the end of that period she exhaled an odour of the most disagreeable and fetid character. Typhus fever is not, then, a contagious disease, and it is useless to range it amongst those included in the sanatory code.

Let us now turn to *yellow fever*, a complaint against which the utmost rigour of the law has been exercised; yet it results from a multitude of observations made in those places where yellow fever reigns most frequently and to the greatest extent, that it is simply an infectious disease. With respect to its mode of propagation I may observe, that it resembles exactly typhus fever. When a patient, affected with the worst form of yellow fever is carried away from home to a healthy situation, he does not propagate the disease in the new locality, he carries no germ of contagion with him; and it is remarkable that the physicians of hospitals destined for the reception of yellow-fever patients are not often attacked by it. In this circumstance it is less unfavourable than the typhus fever. If you examine the localities in which yellow fever is known to prevail most frequently, you will find them favourable to the production of animal exhalations in great quantity, such as the neighbourhood of marshes, burying-grounds, &c., and places of this description where masses of animal matter are collected together and left to putrify. In Spain the yellow fever has never been prevalent without the concurrence of those attending causes. You are not to imagine, as many are apt to do, that this disease is confined to peculiar quarters of the globe,—that it prevails only in America, Spain, and a few other countries. The disease, Gentlemen, may be excited at any time and in any place where the determining cause exists. I have seen in France affections extremely similar to it; indeed so like, that a physician who was perfectly familiar with yellow fever, pronounced the affection identical with that malady. I remember particularly on one occasion ten patients being brought together to the *Hotel Dieu* labouring under fever of a severe form; the season had been excessively hot, and the public attention was much directed to the subject of yellow fever, which prevailed with violence at Barcelona in Spain. These patients presented adynamic symptoms in a high degree, and several of them were affected with black vomit. We were all naturally alarmed, and a physician who had just returned from Spain was called upon to examine the patients; he was much embarrassed to decide whether the disease was yellow fever or not. The symptoms, he said, were identical, but he was unwilling to admit the existence of so frightful a complaint in the capital. The patients, however, soon died, and after death we found all the pathological phenomena presented by individuals cut off by yellow fever. I should remark to you that they had been brought in from an unhealthy quarter of the town, and that a change of weather, which occurred in a few days, removed all traces of the disease, and restored us to a state of tranquillity.

From the reasons just mentioned, we conclude with regard to yellow fever as in typhus, that it is not contagious, and that

the sanatory measures by which the law would prevent the importation of the complaint, are as useless as they are ridiculous.

Cholera is the next prohibited disease on the list, and, unfortunately, in one respect it is one with which you are all too familiar; the opinions of medical men have been much divided as to the contagious nature of this complaint, but they who support the affirmative question lean too much upon partial facts. We had a striking example of this when cholera first broke out in Paris; the leading physicians of the capital were assembled, as you know, to pronounce a judgment on the nature of the disease; they were almost unanimously of opinion that cholera should not be considered as contagious, and agreed upon signing a document to this effect, in order to quiet the public mind; but one of us, a physician of the *Hotel Dieu*, a man of excellent information, and well known by his acquirements and talents, said. "I will sign this declaration, because I think it may have an "useful influence in tranquillizing the "apprehension which so generally pre-"vails, but I do it perfectly against my "judgment, as I am possessed of facts "which establish the contagious nature "of the disease in question." When pressed to explain these facts, he cited the case of a family in which the porter had been attacked, then the lady of the house, and finally her husband, one immediately after the other, as if a similar concurrence of circumstances does not take place every day during the prevalence of an epidemic disease.

Such, Gentlemen, is an example of the reasoning on which the followers of contagion found their opinion; but I have watched the disease with the utmost care, and never saw a phenomenon accompany cholera which might lead me to conclude it capable of being transmitted by contagion. Look at its history in our hospitals; the physicians, surgeons, internes, and sisters of charity, who were incessantly occupied about patients labouring under cholera of the most severe description, were hardly ever attacked. Had it been typhus fever which prevailed to the same extent, and with equal severity, we should have been all dead by this time.

There are some medical men, again, who say that cholera is only contagious after death; but this opinion is still less tenable than the former. Which of you was ever apprehensive of catching the disease, while making a post-mortem examination; or who ever saw cholera transmitted in this manner? At the *Hotel Dieu* more than 2000 patients died of Asiatic cholera; these necessarily passed through the hands of the garçon des salles, yet he is alive at this day to tell you that no danger of infection need be apprehended from the dead body of a cholera patient. In the whole history of the disease, in the rapidity and eccentricity of its march, finally, in all the circumstances attending its mode of propagation in this capital, I see no reason whatever for thinking that cholera is a contagious disease. In America a most extensive experiment was made on this subject. I have already noticed to you how the inhabitants of America are accustomed to desert those places in which yellow fever breaks out, and how they escape in this manner all danger of contracting the malady, depending as it does on circumstances strictly local —viz. on the development of animal exhalations in certain quarters. On the appearance of cholera in America, the inhabitants naturally applied to it the principle which had been so successfully employed against yellow fever, and dispersed themselves throughout the country, flying from the towns and villages in which cholera first broke out; but they soon found this precaution to be unavailing, and at the same time exhibited certain proof, of the most extensive kind, of the non-contagious nature of this complaint, because in no single instance, we are told, was the disease carried by healthy individuals from the spot where cholera prevailed, to other localities in which it did not exist at the time of their arrival; had cholera been a contagious disease, it is clear that it must have been simultaneously propagated through all parts of America, by the manner in which the population dispersed itself from the infected towns.

Of *the plague*, Gentlemen, the last disease prohibited by the sanatory code, we cannot speak from experience, but we may at least examine and draw some conclusions from its history. I would remark to you, in the first place, that the plague commonly reigns in dirty countries, where cleanliness is not so much a fashion as in the greater part of Europe, and where the inhabitants make it a custom to transmit the same suit of clothes from generation to generation. It resembles typhus and yellow fever in the mode of propagation, and in the way it first orinates. Thus you will find that the plague generally breaks out after a very hot season, when the unfortunate people have been reduced by famine &c., and prevails mostly in the neighbourhood of certain unhealthy localities, where the air is changed and corrupted by putrid animal exhalations. But there is one fact, with respect to its transmission, which, if true,

is very extraordinary. Writers upon the plague say, that if you simply approach an individual labouring under the disease, you incur no danger of contracting it; that it resembles in this respect syphilis or the itch; but if you touch the affected person, or his clothes, you are sure to get the complaint next day.

This is a circumstance which requires to be well, extremely well, established before we can believe it, for it is contrary to all we know of the history of diseases, and of the phenomena attending imbibition. It would follow from this fact, that the poisonous germ of the plague passes readily through the epidermis, and is transmitted with difficulty through the membranous tissue of the lungs, a phenomenon, I say, directly contrary to our experience of all other diseases. This and many other facts which I have not now time to draw your attention to, lead me to conclude that we require further knowledge and experience of the plague before we can give any decided opinion as to its contagious nature, for a great part of the history of the diseases contained in modern works is taken from writers of the middle ages and the sanatory laws regarding the introduction of the plague are founded upon principles which were established several centuries ago. This circumstance alone is sufficient to prove how much they require revision, and nothing can be more absurd or ridiculous than the precautions adopted by our forefathers, several of which exist in full force to the present day. I need only give you an example of what I saw in some seaport towns in the south, and of the manner in which the quarantine officers decide whether the cotton imported from Turkey and Egypt contains the plague or not. A man is employed to thrust his hand into each bale of cotton, and take out a handful. This is their only test. They say, if the cotton be infected, the man will exhibit symptoms of the plague within ten or twenty days; after the expiration of which time, if the health of the individual remain sound, the cotton is released from quarantine, and passed into the interior.

Now I ask you, Gentlemen, can anything be more nonsensical than this precaution, or less efficacious, even if we grant the principle upon which it is founded to be just? How can the man tell whether he touches exactly the portion of cotton containing the germ of the plague? Or is the contagious matter expanded through the whole mass? Granting the existence of contagion, is it not probably confined to a few points of the bale, which escape examination? However these matters may be, one thing is certain, viz., the men employed to examine the cotton never contract the plague, nor has the disease been ever introduced into France, notwithstanding the imperfect precautionary measures employed in our sea-port towns. In fact, all the precautions about merchandise are equally ridiculous, and serve only to cramp our commerce and injure individuals, without insuring the public health in the slightest degree. Look, again, at the sanatory cordons, how inefficacious they are. I remember it was a common practice for individuals to pass the cordon by which we were separated from Spain, when the yellow fever prevailed in that country, merely for the sake of having to say, "I passed the cordon."

From the facts which I have stated to you, Gentlemen, I cannot see how we can affirm the plague to be a very contagious disease; and if contagious at all, it is eminently less so than small-pox. This is a fact upon which all physicians must concur. Again, it is a complaint which is not transmissible by the respiration; this circumstance is agreed upon by all writers on the plague, and if it be true, is a phenomenon of a highly curious nature. Finally, to draw some conclusion from the preceding observations, I think that the plague may perhaps be communicable from one individual to another in the place where it exists, but that we have no ground whatever to imagine that it may be transported to a distant country in clothes, cotton, or other articles of merchandise.

As far as we have hitherto gone, Gentlemen, the phenomena of *imbibition* have been applied to various facts of great interest, and particularly to the theory of contagion, a subject which has been disputed with so much acrimony, and in a great measure has divided the medical public. The question, as you must see, from what has been said, is closely connected with the permeability of membranes to vapours, and many circumstances attending the propagation of disease are explained in a satisfactory manner by reference to this property of the animal tissue.

The whole question of contagion, then, requires revision, and when life and property are so extensively interested as they are under the sanatory laws, we shall not be content with rules made in old times, and by ignorant men who were guided by prejudice rather than any just or established principles. If you take the trouble of examining the quarantine laws, you cannot fail to conclude with me that they are irrational, and that the measures of precaution therein enforced, under the most severe and sanguinary penalties, are truly ridiculous. Again, when you investigate the nature of diseases, perhaps twenty in

number, regarded by the old law as contagious, you will not find a single one which really merits this character. We have applied ourselves in a brief way to the examination of the five contagious diseases comprehended in the sanatory code, as it now exists, and showed by a reference to well-known facts, that not one is certainly contagious, while small-pox has been totally neglected. Perhaps we may be accused of presumption in giving too decided an opinion on the nature of the plague, of which we have no personal experience; let us, therefore, qualify the above phrase, and say, that four at least of these diseases are not contagious; and if the plague be communicable in this manner, it differs from all other maladies of a similar kind, as it is not transmissible by the respiration. It is an affecting circumstance, Gentlemen, to see the commercial relations of a great nation depending on such errors, especially when the government have ample means of obtaining every information on the subject, and purging the sanatory code of the absurdities by which it is now disfigured. Had we followed up this question to a greater extent, it were easy to point out a multitude of anomalies equally ridiculous. What, for example, can be more revolting to common sense than the attempt at impeding or arresting the passage of miasmatous vapours by a military cordon? Yet the whole line of the Pyrenees is from time to time guarded by soldiers employed on this useless and absurd duty. The transmission of miasmatous exhalations can never be arrested by the bayonet. To prevent their passage we should have recourse to the means adopted in chemical or physical laboratories, for the destruction of injurious vapours, and these can never be applied to miasmata, on a scale sufficiently extensive to be useful.

We shall now pass to another part of our subject, which completes what we have to say on the permeability of membranes, viz., the phenomena accompanying the transmission of gases through the animal tissues. It is scarcely necessary to remark, that gases and vapours are extremely analogous, being composed of particles arranged in a very similar manner; hence it is not extraordinary if they produce similar effects on the animal economy.

The permeability of membranes to gas is one of the first and most important conditions of animal life, for no animal can exist for any length of time, unless the air by which he is surrounded have a free passage through the membranous tissue of the lungs. Since the composition of atmospheric air has been perfectly explained by chemists, we are able to understand the reason why the respiration of this gas is essentially necessary to the life of an animal. When a quantity of venous blood, a substance alterable by atmospheric air, is drawn from the vein of an animal, it comes out of a dark purple colour, and presents several peculiarities which I need not enumerate to you, the change of colour being sufficient for our present purpose. This dark purple blood must become of a scarlet colour in the arteries. This change we know to be necessary for the support of life in man and the higher animals. The existence of every being who breathes depends on this phenomenon.

Where, then, does this alteration so indispensable for life take place? It is effected, as you all know, in an organ peculiarly formed for the purpose. Examine the intimate structure of the lung, and you will find an extensive membrane disposed in a manner most favourable for the reception of atmospheric air; you will see the last branches of the bronchial tubes, so arranged as to present an immense surface to the action of that fluid, while the minute ramifications of the pulmonary artery spread out on all sides, and cover the surface of the membrane. One of the functions most essential to man becomes thus founded on this physical condition, that atmospheric air is placed in contact with a membrane, and passes through it to the parietes of the pulmonary artery. As soon as this transmission of the gas is effected, the vital change takes place, and the fluid assumes the scarlet colour of arterial blood. I have put some venous blood into this vial, containing atmospheric air, and the upper part of the fluid has become, as you see, of a bright scarlet colour. This bladder also contains a quantity of blood, drawn from a vein, and although the colour is not as red as that in the glass, it has been changed sufficiently to prove that even this thick membrane is permeable, and permits the action of the air to take place through it.

The permeability of membranes to bodies in a state of gas is a question which wants further investigation, for the experiments of modern chemists teach us very little. Thus, for example, we want to know whether there are different degrees of permeability, and whether this property, like imbibition and absorption, is modified by the temperature of the gas, by its composition, &c. It is extremely probable that such modifications take place, but in the present state of our knowledge we cannot affirm it to be the fact, because we have no precise experiments on the

subject. The property seems to belong universally to all gaseous bodies. Indeed I am not acquainted with one which is not capable of being transmitted through a membrane. If you enclose any gas in a bladder, its chemical properties are soon altered by the passage of atmospheric air through the membrane. If you fill a bladder with hydrogen, the air enters equally, and converts it into a detonating gas.

Finally, all the facts connected with the function of respiration show that animal membranes are very permeable to gases. The effects produced by the introduction of gaseous bodies into the system are various. Some gases destroy life in a rapid manner; this is easily proved upon animals, and holds good for the human subject; for, I repeat, there is no difference betwen man and the higher animals in this respect. Thus, if you place a warm-blooded animal in a jar containing sulphuretted hydrogen, the poisonous gas soon enters the economy, and it dies. This is a very common experiment, and most of you have no doubt seen it, but I shall perform it now for the benefit of those who may not. I now place this little animal, a guinea-pig, in a jar, containing a quantity of sulphuretted hydrogen gas, and you see how instantaneously the poisonous effect is produced; in fact, the animal has scarcely remained more than a second in the jar, and he is now quite dead. The fatal result is to be attributed to the entrance of the gas into the circulation, because if the animal were opened, we should find evident traces of sulphuretted hydrogen in the bloodvessels.

A similar result is produced when the human body is exposed to the action of deleterious gases; thus workmen are frequently destroyed by entering incautiously into privies and other places in which noxious vapours are generated; the sulphuretted hydrogen, or carbonic acid gas, abounding in those unwholesome localities, finds a ready passage through the membrane of the lungs, and the individual is poisoned in that manner.

There are some gases, again, capable of producing death rapidly, although they are not poisonous; thus azote will destroy an animal by asphyxia, by suddenly interrupting the respiration. On this account gases have been divided, with respect to their action on the human system, into respirable, non-respirable, and poisonous; and I would remark of the latter class, that they kill by their chemical qualities alone; you are not to suppose, when an individual has been destroyed by a poisonous gas, that a large quantity has been suddenly introduced through the membrane of the lungs, giving rise to fatal accidents, from its volume, &c. No such thing; the gas enters the system in the most gradual manner; molecule after molecule is transmitted through the membrane in a state of almost infinite subdivision, and the effects resulting to the economy depend on the chemical properties of the gas, like those produced by various remedies in a solid form.

But should the gas enter the circulation suddenly, and in greater quantity, it gives rise to other phenomena of a nature quite distinct and different. We have often occasion to witness these results in the practice of surgery, especially when we are compelled to operate on large tumours, situate about the lower part of the neck. During the tedious dissection to which these tumours sometimes give rise, the jugular, or some other large vein, may be wounded, and a quantity of atmospheric air be introduced into the current of the circulation, in greater or less quantity. Under these circumstances, accidents of a peculiar nature are produced; and if the air have been introduced suddenly, the respiration and circulation become greatly embarrassed, and the individual soon dies, or is reduced to a state of considerable danger. BICHAT sustained the opinion, that a single bubble of air introduced into a vein, was sufficient to destroy life; but the assertion is by no means strictly true; a very small quantity of air passed slowly into a vein, mixes with the blood, traverses the lungs, and is exhaled with the pulmonary transpiration, without causing any remarkable accident; but when the quantity is increased, especially in a sudden manner, the air mixes with the blood contained in the heart, and forms with it a foamy kind of liquid, which does not pass readily through the capillary system of the pulmonary artery. In consequence of this obstacle to the passage of the blood through the lungs, the respiration and circulation become excessively troubled, and the animal soon dies in a state of asphyxia,—not from any pernicious action of the air on the nervous system. I remember once to have introduced at least thirty quarts of air into the circulation of a horse, at the veterinary school of Alfort, without killing the animal; but perhaps this extraordinary tolerance, if I may so call it, may in part be attributed to the circumstance, that in old horses the structure of the lungs, the circulation through them, and their sensibility, are very much modified. In former times, the patient was supposed to die from the pain occasioned by the introduction of air into the bloodvessels during the course of an operation, but this idea is totally groundless,

and we are now perfectly sure that the fatal results arise simply from the sudden entrance of the air.

I shall now proceed, Gentlemen, to prove by experiment some of the opinions just advanced; we shall, for example, introduce a quantity of air slowly into the circulation of an animal, and see whether the pernicious effects, so generally dreaded from an accident of this kind, will result; if I mistake not, the operation will be attended with little or no inconvenience. You may choose indifferently an artery or a vein for the purpose, and I would have you remark that some veins permit the introduction of a vast quantity of air; thus, if you choose a vein which traverses a parenchymatous substance before it discharges its blood into the heart, as, for instance, one of the mesenteric veins, you may introduce, without danger, an excessive quantity. The reason of this depends on the peculiar course of the circulation. The mesenteric veins, as you know, discharge the fluid contained in them into the vena portæ, and the air is thus divided in such a manner, and is mixed so intimately with the blood during its passage through the liver, that it does not present an insurmountable obstacle to the subsequent passage of the vital fluid through the lungs. But if we choose a branch of the vena cava, and introduce suddenly a certain quantity of air, accidents of a very severe character will soon be developed, as you shall now witness.

This is the same dog into whose circulation we introduced the other day some putrid animal matter, in order to demonstrate the pernicious effects of a putrid fluid injected by the veins; but the matter, as I remarked at the time of making the experiment, was not sufficiently decomposed, and acted in a way much less energetically than it otherwise would; the dog has now nearly recovered, although he is thin, and will serve to-day to exhibit the phenomena occasioned by the introduction of gas into the system. I now proceed slowly to pass some air into the jugular vein, which has been exposed for the purpose. It is not the first time, Gentlemen, that I have injected the venous system of an animal, or even of the human subject. Several years ago I injected the veins of patients afflicted with hydrophobia, for I was desirous of trying whether the injection of water in large quantities by the veins could modify the poison or not. I repeated this operation on many occasions, and frequently saw large bubbles of air pass in with the water, but no unpleasant accident was the result. Now, if we were to believe Bichat, the smallest bubble passing into the circulation should give rise to apprehension and anxiety, but experience has convinced me of the contrary.

Whenever, then, you are compelled by the circumstances of the case to inject the veins of the human subject, you need not be anxious if a little air should be introduced with the fluid, provided always this be not done in too rapid a manner, for the gas will be exhaled by the lungs in a short time without producing any unpleasant or dangerous consequences. You have a proof of this in the experiment which has just been performed. I have introduced one or two small syringefuls of air into the jugular vein of this dog, without giving rise to any accident, because the operation was performed in a very gradual manner. Let us now change the experiment, and see what will be the result when a quantity of air is suddenly pushed into a vein. I proceed, as you see, to inject the same quantity as before, but I do it much more rapidly; however, it seems to produce no remarkable effect.

Let us try a second syringe; the dog is not yet affected by the quantity of air, although it has been passed in very rapidly; the air is manifestly mixed with the blood in the heart, for I can hear the bullæ distinctly by placing my ear to the parietes of the chest. Perhaps a third syringe may have more effect. No, the animal's respiration still remains perfectly calm, and the pulse is natural; you therefore see it requires much more than one bullæ of air to destroy an animal, for the contents of three syringes have already been injected into the veins of this dog, without giving rise to any accident whatever. The fact is we have not introduced a sufficient quantity. The air collected in the right ventricle must be in sufficient mass to form a kind of foam with the blood, and as soon as this takes place, the blood is unfit to pass through the capillary vessels of the lungs; the respiration is at first impeded, then arrested, and the animal dies. In the present instance we must introduce a much larger quantity of air, if we wish to produce any visible effect. Here is a very large syringe, as you see, capable of containing a large quantity of air; we have filled it with oxygen, and shall inject the contents rapidly into the jugular vein. This has now been done, and within two seconds a manifest effect has been produced. Look at the animal, he has the air of suffering a good deal; his respiration has become difficult and considerably accelerated, but yet he sustains the injection of even this extensive quantity of air, and the circulation still goes on in the arteries of the limbs.

When the introduced air does not give rise to fatal accidents, and the animal recovers, as he would in the present instance, if left to himself, the gas becomes dissolved in the mass of the blood, and is exhaled by the pulmonary membrane, which gives a ready passage to substances from the circulation, as it readily admits them from the external world into the interior of the system. The accidents arising from the introduction of air into the bloodvessels may be combated by physical means, and we shall now try whether we can extract the air from the veins of the dog by means of this little glass tube. I will introduce a hollow sound as far as the right auricle, and probably save the animal's life. The pipe, as you see, has been passed in through the superior cava as far as the heart, and the blood flows from time to time through the glass tube attached to it, but I see no trace of air escaping by the tube. In the mean time the air is producing its accustomed effects; the animal's respiration is excessively troubled, and the mucous membrane lining the interior of the mouth begins to assume a white appearance, showing that blood no longer arrives in the capillary vessels, and I cannot feel any pulsation in the arteries of the lower extremities.

We shall now try whether the skin possesses the power of absorbing gases in the same way as it takes up liquids or solid substances; and for this purpose I shall repeat an experiment before you which I have already tried during a former lecture. I place, as you see, this little bird, a sparrow, into a glass bottle, leaving the head and neck outside, but at the same time taking care that no interval exists by which the air may escape, and I inject into the bottle a quantity of poisonous gas. It will no doubt require some time before the gas can penetrate the skin and produce its effects on the system. We shall, therefore, in the mean time, proceed to inject another syringe of air into the veins of the dog, and watch the effect produced by the introduction of this fresh quantity. The respiration, which had become very slow and laborious, has been again accelerated by the last air thrown in, and the dog breathes only in a convulsive manner. We have now passed a second syringe of air, and the respiration is, as you see, completely arrested; in a few minutes the animal will be dead, and we shall have an opportunity of examining the physical condition of the heart, and observing what change has been wrought in the central organ of the circulatory system, by the presence of air in a large quantity.

Although the animal is not yet completely dead, though he is far beyond experiencing any suffering, we may proceed to examine the chest. In opening it I have unfortunately touched the vena cava, and you see how the blood spouts from it in jets at each pulsation of the heart; this arises from the elastic pressure of the air contained in the right ventricle. After experiments of this kind, you generally find the heart sonorous to percussion, and the arteries often contain some air, but in most cases you find the air in the heart only, because it is not sufficiently subdivided, when introduced suddenly, to traverse the lungs, and mix with the fluid in the arterial system. Here is the heart of the animal considerably enlarged, as you see, and distended, but not so much as it would have appeared had we not relieved the distention by accidentally opening the vena cava near the heart. In opening the chest, however, the organ contains a great deal of air, which also fills the coronary vessels; but we do not find any trace of air in the bloodvessels of the lungs or other parts of the body.

It results from what we have said, Gentlemen, that gaseous bodies follow the same rules which govern the transmission of solids and liquids from the exterior to the interior of the human frame; they traverse our membranous tissues with the same facility, and often produce effects of a very remarkable nature. Some are advantageously, nay, highly, necessary, to the support and continuance of our existence, as, for example, oxygen gas; others do not produce any direct results on the economy, although they may, in one respect, be pernicious, like the non-respirable gases; and there are others, finally, whose introduction is almost instantaneously followed by death, as you have seen in the case of the guinea-pig compelled to respire sulphuretted hydrogen gas. These different effects arise from the chemical properties of the different gases mixing with the circulating fluid in infinitely small quantities, for if you introduce the gaseous body in a mass, in the form of gas, if I may so say, it forms with the blood a fluid incapable of traversing the small vessels of the lungs, which become obliterated in this manner, and death is consequently the result.

Dr. WARREN, in the American *Cyc. of Prac. Med.*, relates two cases in which air obtained admission into veins during operation. The instant effects were most serious. One patient (a man) was saved by bleeding. The other (a female) died in about twenty minutes.

CLINICAL OBSERVATIONS
ON
VARIOUS DISEASES,
BY
MR. WARDROP.

ON REGULATING THE BOWELS IN DISEASES OF THE PELVIC VISCERA.

Every practitioner must have frequently felt embarrassed and disappointed in his endeavours to regulate the function of the large bowels of patients who suffer from diseases of the rectum, as well as those of the adjacent organs,—the bladder and the uterus.

In most of the diseases of these parts, if the bowels be allowed to become constipated, there is usually more or less suffering, sometimes indeed severe agony, before the rectum can be unloaded of all its feculent contents. On the other hand, when, in such cases, purgative medicines act too powerfully, great irritation and uneasiness are often excited throughout the whole of the pelvic viscera.

These remarks on the baneful effects either of constipation or of purging are particularly applicable to those who are suffering from diseases of the rectum, and those in whom it has been necessary to perform an operation on that bowel, such as laying open a fistula, or removing a hemorrhoidal tumour. Under these circumstances not only does the patient suffer much pain in evacuating the rectum, particularly when its contents have been allowed to accumulate, and to acquire much consistence, but the pain of the disease is, in many instances, very much aggravated. This is the case also in those who are afflicted with diseases of the bladder and uterus. The contiguity of these organs with the rectum, and the connexion which they have, more or less, with each other, both in their functions and their sympathies, cause the diseases of the urinary and uterine systems to be much influenced by the state of the large intestine.

Now there are some purgatives which have a much less irritating effect on the rectum than others, and these medicines are usually given in such cases. The common electuary of senna, manna, castor oil, magnesia, tartrate of potash, and the various neutral salts, are all employed in appropriate doses for the purpose of keeping the contents of the bowels solvent; whereas in diseases of any of the pelvic viscera, aloes, and those medicines which excite the action of the rectum in particular, are carefully avoided.

With every precaution there often is, however, great difficulty in managing the bowels in the diseases of the pelvic viscera; and a patient who one day suffers from the pain of evacuating hardened feculent matter, is, on another occasion, irritated by the too severe action of a purgative. Neither can the peculiar effects of an enema be applicable to such cases, the pain and nicety required in using the instrument rendering it quite inadmissible.

Having accidentally become acquainted with the effects of a purgative to which none of the objections now mentioned are applicable, and from which I have, in a great number of instances, derived the very best results, I have thought it worth while to mention it. The purgative I allude to is a combination of magnesian salts. It is an old formula, consisting of the carbonate and sulphate of magnesia, dissolved in a bitter infusion, or in peppermint water. The proportions which I am in the habit of employing are, two drachms of the sulphate and half a drachm of the carbonate for a dose.

When taken in the morning, a cup of weak tea being drunk an hour afterwards, this draught generally produces a more or less copious evacuation, but with this peculiarity, that the feculent matter is always discharged in a very liquid state, and in place of any expulsive effort being necessary, the patient is generally compelled quickly to obey the stimulating effect of the medicine. A great advantage of this purgative also is, that its effects on the upper portion of the intestinal canal and stomach are often beneficial, and as it seldom creates any feeling of depression or debility, it can be freely repeated. To some, the virtues which I have attributed to this particular combination of magnesian salts may appear exaggerated, but men of experience are well aware how often particular effects are produced by particular combinations of drugs, and also from different doses of the same medicines, all which, though they cannot be explained, are not the less manifest. The combination of calomel and opium is well known to have a very different effect, either from calomel or opium when taken singly, and a small dose of calomel may purge the bowels violently, and irritate the whole system, whilst a large dose will often arrest diarrhœa, or act as a sedative.

In the practice of medicine we ought indeed to be satisfied with accurately observing the results of particular doses and particular combinations of drugs, and not

allow the mind to be warped by any hypothesis, or presume to reason on what will be the effect, or explain the *modus operandi*, of any particular quantity or combination of medicines.

I have been induced, at the present moment, to make these remarks on the importance of evacuating the bowels, without creating irritation or pain when the pelvic viscera are diseased, as I shall frequently have occasion, when making observations on these diseases, particularly to refer to the benefit which may be derived from the use of this particular purgative.

ON THE MEANS EMPLOYED FOR REDUCING THE HEAD OF THE CHILD IN CASES OF DEFORMED PELVIS, &c., DESCRIBED IN A MEMOIR

By M. BAUDELOCQUE, *Paris.*

THE two last numbers of the *Gazette Médicale* contain a memoir on the above subject, by M. Baudelocque, nephew of the late celebrated professor of midwifery, in which we find a detailed description of an instrument which he has invented for crushing the head of the fœtus in cases of deformed pelvis. The *cephalotribe* of M. Baudelocque (the nephew) obtained a prize of 4000 francs from the *Academy of Sciences* last year, and has been employed by him with success in five cases where the head was detained above the brim of the pelvis.

It may be laid down as a general rule, that embryotomy, and indeed all operations on the fœtus, have become less frequent in proportion as the art of midwifery has been improved: during a practice of thirty-five years, Professor Baudelocque did not employ the crotchet more than four or five times; and if we consult the statistics of the *Maternité*, we find twenty-six cases of embryotomy in 37,895 deliveries during a period of sixteen years, or one in 1184. In the great midwifery hospital at Vienna the operation is somewhat more frequent: during the space of nine years, in which 9581 women were delivered, the head of the child was perforated thirteen times, or one in 737 cases. The means hitherto employed for diminishing the head of the fœtus are extremely varied and numerous. In a thesis sustained by Dr. Charles Sadler in 1826, there are no less than sixty instruments represented, all of which have been at different times proposed for this object. We shall not enter into a consideration of all these instruments, most of which have now fallen into disuse, and we cannot help thinking with the author, that in many cases they have been employed without sufficient necessity. Thus, what advantage is gained in many cases by simply opening the upper part of the skull, and removing a portion or the whole of the brain? When this operation has been performed, and the expulsion of the fœtus takes place by the effort of nature, there is strong reason to believe that the woman would have been delivered as well by the forceps, and that the disproportion between the head and pelvis is very slight indeed. If we take the biparietal diameter of the head at three and a half inches, the transverse diameter of the base of the skull must be estimated at three inches; the diminution of the skull arising from the pressure of the uterus may be taken at three or four lines; hence, when we remove the brain, we can only obtain a reduction of two or three lines, and this trifling diminution may surely as well be obtained by the forceps as by Smellie's scissars, or any other instrument: the truth is that the *base* of the skull, and not the bulk of the brain, is the main obstacle to be overcome.

The *lance* and *tire-tete* of Mauriceau are well known. Instead of a cutting instrument, Pen generally preferred the blunt crotchet. Smellie's scissars, differently modified, or the forceps of Mr. Holmes, are the instruments generally used in England.

It is manifest that the manner of employing all these instruments must vary according as the fœtus may present the summit of the head, the face, the abdominal extremity, &c.: these are questions which M. Baudelocque examines at some length, and then proceeds to a consideration of the case where delivery is impossible on account of the disproportion between the base of the skull and the sacro-pubic diameter, which does not exceed two inches and a half or two inches eight lines.

In this difficult and dangerous case, most accoucheurs use the sharp crotchet; others invented instruments expressly adapted for reducing the base of the skull, such as that of Dr. Davis, the extractor of Burton, and the forceps of Böer, which bears some resemblance to that used in lithotomy: finally, M. Duges of Montpellier has lately proposed an instrument worked by a screw, with which

he splits in pieces the bone of the skull, fixing it in the sphenoid bone. M. Baudelocque rejects the use of all these instruments, because they require frequent introduction into the uterus, and are liable to occasion severe inflammation &c. of the generative organs, if not more fatal results. An examination of the cases in which embryotomy has been proposed at the *Maternité* in the practice of Baudelocque, Dubois, and Madame Lachapelle, seems to justify the above conclusion. In a total of twenty-one operations, seven were followed by death, eleven were perfectly cured. The vitiation of the pelvis varied from three inches to nineteen lines. The author gives a very interesting analysis of all the operations, from which we may observe that in the greater part of the cases version had been employed either before or after the reduction of the head; and that in general the operation was extremely long and difficult: in one case the manœuvres lasted three hours and a half; in another four hours; two of the children only presented signs of maceration.

As the obstacle to delivery in cases of deformed pelvis depends particularly on the base of the skull, it becomes a matter of necessity to break up the bones composing this part of the head, after which, unless the deformity exist to a very great extent, the body of the child will be expelled by the contractions of the uterus.

For the purpose of reducing the base of the skull without danger to the mother &c., M. Baudelocque has invented the *cephalotribe*, which is simply a peculiar forceps composed of two branches joined together by an axis, and approximated in case of need by a strong screw, which is moved by a lever. The weight of the instrument is four pounds; the length of each branch is twenty-one inches; that of the blades, measured from the axis, ten inches; the latter part is solid, without an opening; each is sixteen lines broad, and three or four lines thick.

The *cephalotribe*, like the ordinary forceps, is curved in both directions; the curve of the edge measures three inches and a quarter; that of the flat surface half an inch; hence, when the two branches are united, the upper and lower edges of the blades are separated by an interval of an inch; the blades are joined like those of Smellie's forceps, except that the female branch is the right one; the length of the screw is eight inches and a half, and of the handle of the lever which turns it four inches. The power of this instrument is to the resistance which may be offered to it, as 165 to 1.

The *cephalotribe* is applied to the head of the child in the same way as the forceps, care being taken to apply the branches well on the head, so as to comprehend the base of the skull; when once applied, the operator has nothing to do but confide the branches to an assistant, and introduce the skrew through a perforation which traverses them; the lever is now turned, and the head powerfully compressed; the scalp gives way first; the brain is discharged through the vulva as the force is increased; the bones composing the base of the skull give way, and ride one upon another without producing any splinter, and the head being thus reduced, the child is extracted as with the common forceps.

When the head has been well seized, and the base of the skull, consequently, perfectly crushed, the interval between the middle of the blades after extraction is found to be twenty-three or twenty-four lines, thus the head of the fœtus is reduced by the instrument from three inches and a half or three inches to one inch in transverse diameter.

The circumstances under which the *cephalotribe* is employed are absolutely the same as those in which perforation of the head is had recourse to. It is, therefore, unnecessary to refer to them; we shall rather conclude this notice by analyzing three cases in which the instrument of M. Baudelocque has been successfully applied.

Case 1.—February 5, 1829. A woman of scrofulous constitution, with deformity of spinal column. The pains came on at nine in the evening, and waters were discharged.—7th. Os uteri but very little opened; acute pains; head of fœtus presented. At this stage M. Baudelocque was called in; he found the antero-posterior diameter of brim only two inches and three quarters; the form regular; the os uteri had eighteen or twenty lines in diameter, and was several lines thick.—8th. Abdomen tense, *ballonné*, fever, &c.; the os uteri now dilated to two inches.—9th. Soft parts neither more supple nor dilatable; uterine contraction more violent; symptoms of peritonitis appeased by bleeding, but pain in uterus and loins; seventy-three hours since the waters were discharged; operation agreed upon; the *cephalotribe* was introduced, and caused so little derangement, that the woman would scarcely believe the operation was finished; the perineum remains intact; the fœtus, which had begun to putrify, weighed six pounds. Symptoms of metritis set in again, but were successfully combated, and on the 16th the woman was convalescent.

Case 2.—November 10, 1830. Woman

forty years of age; eight years ago had a child of the natural size, extracted with the forceps with great difficulty; was in labour for nineteen hours when seen by author, and various attempts to deliver had been made during last three hours, either with forceps, or by the version of the child; fœtus evidently dead. The impossibility of deliverance by ordinary means being acknowledged by the physicians present, the author proceeded to crush the head, which was in first position below the brim; the child, weighing eight pounds and a half, was quickly extracted; no rupture of perineum. Delivery followed by severe accidents; metritis; typhoid fever, with gangrene of soft parts on sacrum; involuntary discharge of urine and feces; state began to mend after three weeks, and in a few months the woman was perfectly restored; the antero-posterior diameter of the inlet was two inches and three quarters.

Case 3.—Woman, 31 years of age; on the 6th of May, 1831, the author called to see her in one of the hospitals; several attempts to extract head by forceps had been made; version then tried and the trunk extracted, but head remained in pelvis at the brim; these attempts had lasted several hours, and the perineum was lacerated: proceeded to crush; the left branch of the instrument easily introduced, but great obstacles to the adjustment of the right branch. Author at last succeeded by passing up the blade in front of the face, and bringing it into position between the head and the right cotyloid cavity. The head was compressed and extracted; fœtus weighed eight pounds and a half; antero-posterior diameter two inches and three quarters. Symptoms of peritonitis succeeded, and inflammation of vagina; the emission of urine involuntary; the accidents disappeared and the woman was cured on the 12th of July.

Since this operation M. Baudelocque has performed reduction of the base of the skull in ten other cases, with equal success and facility.

Erysipelas we find much less likely to follow lacerated and contused wounds when water dressings with oiled silk are used, completely excluding the usual means. The exhibition of James's powder, calomel, and opium, after severe local injuries, seems also of material service in guarding against erysipelas, and lessening the danger of tetanus supervening. This combination has long been used at the *Richmond Hospital*,—continued until every slough is detached, or the mouth slightly affected.—Dr. M'Dowel in *Dub. Jour.*

ON THE TREATMENT OF

ERECTILE TUMOURS,

AND PARTICULARLY ON THEIR TREATMENT

WITH CAUSTIC.

By Claudius Tarral, *M. D.*

In the first part of a memoir on this subject by M. Claudius Tarral, an excellent resumé of the history of erectile tumours, and the various modes of treatment employed for their extirpation, is to be found in the *Archives Générales*, Sept. and Oct. 1834. He passes successively in review compression, refrigerants, ligature of the tumour or its vessels, excision, the application of various agents which produce inflammation, and, finally, the mixed method. Passing over these details, which, although interesting, the length of the memoir prevents us from translating, we come to the most novel part, viz. the cauterization of erectile tumours by caustic:

The applicability of this treatment has been variously estimated by surgeons. Boyer and Begin condemn caustics altogether. M. Sanson, in his edition of Sabatier, regards it as acting too slowly and uncertainly, notwithstanding the experience of Wardrop for employing it in preference to more active measures. Velpeau expresses himself more energetically against the use of caustics, cautery, and similar means, which, says he, expose to severe accidents, such as hemorrhage, more rapid growth of the tumour, great loss of substance, disfiguring cicatrices, &c.

In answer to these objections M. Tarral refers to experience, and shows by an analysis of the cases which have been treated by caustic, that surgeons have pronounced too hastily against this mode of treatment.

Callisen appears to have been the first who proposed cauterizing an erectile tumour. "Nævi parum prominentes causticō admoto consumuntur &c.; sed majores nævi ferro exscandi sunt &c." (p. 204). However, Mr. Wardrop has the merit of having pushed this practice to its utmost extent, and of having directed the attention of surgeons to its true value and efficacy. Mr. Wardrop has operated on a great number of nævi in this manner, and has, we believe, constantly been successful, without giving rise to the great pain, hemorrhage, or deformity, so much dreaded by the French surgeons. Dr. Lee and Mr. Higginbottom of Norwich have

been equally successful with the caustic. Finally, M. Tarral publishes two cases of destruction of erectile tumours, one of which he operated upon in London; the other was that of a small tumour situated below the urethra, and prolonged upward into the vagina; the centre of the tumour was rubbed with the caustic potass, and he repeated its application a few days after; the tumour was nearly completely destroyed, when it was discovered that the patient was pregnant (four months and a half gone); the application of the caustic was therefore diminished, and the treatment deferred to a future opportunity.

From a consideration of the various cases which M. Tarral has examined, and he has certainly taken a most complete view of his subject, he draws the following considerations:—

1st. Erectile tumours of every size and nature may be completely destroyed, and without danger, by caustics.

2nd. The caustic is easily applied and managed, and does not frighten the patient.

3rd. It is applicable to every region of the body, and is thus preferable to every other method.

4th. Is is of the utmost importance not to confound with erectile tumours, either fungous hæmatodes or encephaloid cancer.

CASES

ILLUSTRATIVE OF THE SANATIVE EFFECTS OF THE

HYDROCYANIC ACID.

By R. LANYON, *M.D., Lostwithiel.*

SINCE but few of your correspondents seem disposed to communicate their observations on the use of the hydrocyanic acid, I again take the liberty of requesting the publication of the following paper in corroboration of the treatment of the cases which I submitted to the consideration of the profession in a former volume of THE LANCET.

CASE 1.—M. L. being accustomed to exert herself much beyond her strength in supporting her family, was thus predisposed to disease. She, in consequence, became the subject of an aggravated pneumonic affection, for which she was generally bled and blistered, and the bowels were brought into subjection by a purgative. On the third day of the attack the bowels became unmanageable, on which account cathartics were unavailingly administered. She would not submit to a purgative injection. The stomach was exceedingly irritable, so that there was but little chance of croton oil being retained alone. A drop, however, was tried in conjunction with a minim of hydrocyanic acid. The stomach was soothed, and full catharsis was soon established.

CASE 2.—A man, who for years had occasionally suffered from obstipation of the bowels, required my assistance. He had already taken castor oil, but the stomach was too irritable to retain it. As I could not visit him immediately, he was furnished with a draught, consisting of a drop of croton oil, a minim of hydrocyanic acid, and an ounce of water. I saw him an hour after he had taken the draught, and was informed that he felt not the least disposition to be sick. Not having with me any hydrocyanic acid, I left my patient, enjoining him to repeat the croton oil *alone*, after a stated interval should it be required. It was taken accordingly, but violent sickness was again induced. Two doses of the oil were subsequently administered in conjunction with the acid, and retained. This case alone would be sufficient to convince sceptics of the sedative influence of the hydrocyanic acid on an irritable stomach, and it is more especially valuable, as it records an instance of its efficacy in symptomatic irritation of that organ.*

CASE 3.—A delicate lady, the mother of three children, and who, some years since, had been the subject of active pulmonary disease, was afflicted with short dry cough, attended with mucous expectoration, which had been judiciously but ineffectually treated by her medical adviser. Her professional attendant suggested, that pos-

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* Before quitting this case, I may, perhaps, be allowed *en passant* to bear testimony to the utility of the enema syringe furnished by Maw and Son of Aldermanbury. The subject of this history required purgative injections, and Maw's syringe was used. A quart of fluid, containing the usual purgative ingredients, was forcibly thrown up, and part of it immediately returned with evacuation of the fecal contents of the bowels. A second large quantity, consisting principally of warm water, was retained somewhat longer, and brought down fecal matter but no scybala. I was, therefore, convinced that the stricture was, in part, overcome, which proved to be the case, as a few doses of croton oil, as related above, subsequently relieved my patient. Two injections with the pipe and bladder, according to the old system, had been previously administered, but there was considerable obstruction to the passage of the fluid; and at last when a very moderate quantity had been forced up, I was but too truly convinced that the resistance was more than commensurate with the opposing power. Of course the reader will not be surprised to be informed that the enemata were returned without any excretory admixture. Maw's instrument was, however, soon procured, and the result was as already described.

sibly the hydrocyanic acid might render her some assistance, in consequence of which I joined him in consultation. We found our patient complaining of pain in the region of *pomum adami*, with an irritation referrible to the same spot, and a teasing cough with aphonia. Respiration was easily performed, and every part of the chest was free from complaint. The temperature on the surface was not disturbed, the pulse not particularly accelerated; little or no thirst, with a tongue rather inclined to be dry, and having a white fur. The most singular feature about this case was the sudden loss of voice, which was not again recovered until after the lapse of some hours. These paroxysms were very distressing, and as other means had been used ineffectually, it was determined to give the acid a trial. *A. H.* ℥j, octava quaque hora. After a few days, the organs about the throat began to recover their tone, and by augmenting the dose to two minims, and by persevering for some time, the voice was permanently restored.

Case 4.—A middle-aged man, who has suffered occasionally from inguinal hernia (owing to the ineffectual support about the part, but which had hitherto been easily returned) became the subject of strangulation. Amongst other symptoms he was distressingly sick, and as it was positively necessary to move the bowels, a dose of castor oil was given, with a minim of hydrocyanic acid. The purgative was retained, whilst doses antecedenly administered without the acid, had been rejected.

Case 5.—A man, who was frequently in the habit of drinking to excess, complained of dyspnœa, with short dry cough. He had been the subject, a year or two since, of pneumonic inflammation, which required large abstractions of blood, since which the pristine vigour of the constitution has not been restored. The breathing is free while he is in bed, and when seated quietly in his chair, but the moment he quits the recumbent position, ascends a hill, or goes up-stairs, he has a paroxysm. There is no pain whatever in the chest; the tongue has the white fur of febrile excitation, and there is slight thirst. *A. H.*, ℥iss, octava quaque hora. The cough and dyspnœa subsided after the exhibition of six doses, but after a week or ten days, owing probably to excess, the symptoms returned, but were permanently removed on again having recourse to the acid.

Case 6.—A. B., ætat. 35 years, had, from some unknown cause, an attack of English cholera, and, as I had never administered the acid in this complaint, I was glad to have an opportunity of witnessing its effects. *A. H.* ℥j, ter in dies. Two doses subdued the stomachic irritability, and the tonicity of the alimentary canal was restored without any further medical assistance.

Case 7.—A woman of middle age, much accustomed to sedentary occupations, of a leuco-phlegmatic temperament, and much disposed to sluggish absorption, as manifested by general dropsical disposition, had an exceedingly irritable stomach. From a minim to a minim and a half of the acid every eight hours, soon restored the stomach to its wonted vigour.

Case 8.—C. D., a young woman, of spare habit, but of good constitution, had been accustomed to lift heavy weights, to which she attributes a pain and sinking at the scrobiculus cordis. Pulse natural, but the tongue is coated with a white fur. *A. H.*, ℥j, ter de die. After having taken six doses she became convalescent.

Case 9.—A woman of delicate constitution was much distressed by nocturnal cough without expectoration. There was no dyspnœa, fever, or thoracic pain, and she had no attacks during the day. *A. H.*, ℥j, hora octava quaque. She was perfectly restored, after having taken a few doses.

Case 10.—The wife of a labourer, the subject of pneumonia which had been overcome by appropriate treatment, suffered much from distressing sickness and palpitation. To use her own expression, "it appeared as if her heart were ready to leap from her chest." *A. H.*, ℥j, octava quaque hora. She experienced much relief from the first dose, the sickness abated, and the heart became tranquillized. Six doses only were taken.

Case 11.—The wife of a gardener, a delicate woman, ætat. 33, was advanced to her full time of pregnancy. I was called to her suddenly in February last, and found her complaining of intense pain at the pit of the stomach, with excessive sickness and vomiting. There was no *bearing down*, but the throes appeared to observe regular intervals, I therefore could not feel satisfied without vaginal examination. The os uteri was easily reached, but there did not appear to be the least disposition to dilate, nor did the pains dispose the uterus to descend; in fact, this organ did not appear to have any thing to do with the cause or consequence of the complaint. She was immediately bled from the arm, mustard cataplasms were applied to the calves of the legs, a

blister was placed over the seat of pain, and the bowels were freely moved. By these means she obtained relief, but the sickness still continued, over which the hydrocyanic acid had not the least influence, nor, indeed, was any benefit derived from the usual plans of treatment. A few hours had scarcely elapsed when, without feeling any return of pain at the præcordia, or without any intimation whatever, she had an attack of convulsions. I found her with the uterus beginning to dilate, and the vertex presenting. There being no rigidity, little difficulty was experienced in introducing the hand, when turning and delivery were easily effected. The convulsions did not subside for some hours after delivery, and as the lochial discharge was not very abundant, it was thought advisable to institute general bleeding. A vein was accordingly opened in the arm. My patient being in the recumbent position, and the blood flowing with great impetuosity, twenty ounces were easily removed. From that moment she never had a fit. About a fortnight after delivery, she had a return of the sickness, with a harassing cough. *A. H.*, ♏j ter de die. After taking a few doses, the sickness became much relieved, and by augmenting the dose to two minims, and eventually to three, it was permanently removed. From this case two or three practical conclusions may be drawn:—*First*. That the hydrocyanic acid will not, at least in every instance, quiet stomachic irritation, when the source of that irritation is at a distance from the stomach itself. At all events the remark appears to hold good in reference to the *utero-gastric* sympathy. *Secondly*. That when the acid was resumed, it was attended with benefit, because the stomach appeared to be the cause of its own irritation, which was not the case in the first instance. Although the sickness disappeared, the cough was not mitigated, a proof that the sickness and cough were not referrible to one common cause. The latter was purely of a spasmodic character, with intervals of five or six hours, and paroxysms of half an hour's duration. When a paroxysm was about to commence, it was first intimated by titillation in the region of the pomum adami, and an irresistible desire to cough immediately succeeded, with trifling mucous expectoration, without pain or dyspnœa. It was not, then, difficult to perceive, that the cause of this troublesome complaint was to be attributed to inordinate action of parts in immediate connexion with the fauces. Under this impression, the compound tincture of opium was prescribed, and with permanent relief.

Case 12.—A delicate young woman was bled from the arm, and took a purgative for dyspnœa accompanied with dry cough. After two or three days it was found, that although the dyspnœa had subsided, the cough was still exceedingly troublesome, more especially at night. *A. H.*, ♏j, octava quaque hora. She was completely relieved after having taken four doses.

Case 13.—A married woman, accustomed to carry heavy weights, discovered a pain in the left side of the chest over the region of the heart, about a week before she applied for assistance. I found her with pain undiminished, dyspnœa, palpitatio cordis, general morbid heat, accelerated pulse, thirst, dry white tongue, and constant sickness. The bowels had not been moved for two days. *A. H.*, ♏iss, ter de die. The next morning I found that the first dose had restrained the vomiting, and that the second had removed the nausea and palpitation. The acid was then laid aside, and the remaining symptoms were combated by means of a brisk purgative and refrigerants.

Case 14.—A delicate woman during lactation, without any assignable cause, became sick, and, in fact, could keep nothing on her stomach. It was accompanied with the species of papular eruption denominated urticaria. Notwithstanding the bowels were constringed, I chose rather to attend to the state of the stomach in the first instance.

℞ *Acidi Hydrocyanici* ♏iss; *Aquæ* ℥j.
Ft. haustus citissimè capiend.

Although she had been almost incessantly vomiting the night before, the gastric irritation immediately subsided. After two hours a purgative was given, but rejected; the bowels, however, became relaxed, and the sickness did not return.

Before I conclude, it may not be out of place to append an observation or two respecting the incompatibility of this acid, which extends to most of the salts used in medicine, particularly those of antimony and soda. It has inconsiderable affinity for the alkalies and earths, but with the sulphurets it must not be administered. It may frequently be advantageously prescribed with the vegetable infusions. Dr. Granville, in his "Treatise on the Internal Use of the Hydrocyanic Acid," prohibits its adhibition when distilled water is not used, which, in a chemical point of view, may be perfectly correct, but well or rain water does not impair its utility, proof of which has been amply afforded by my own practice.

Lostwithiel, Nov. 6th, 1834.

TREATMENT OF GONORRHŒA.

EFFECT OF CUBEBS IN DYSPEPSIA.

To the Editor of THE LANCET.

SIR,—If you deem the following cases and remarks of interest, you will spare them a corner in your invaluable periodical. I am, Sir, your obedient servant,

CORRY LAUGHLIN, M.R.C.S.,
One of the Medical Officers of the Westd. Lock Hospital, Dublin.

Nov. 8, 1834.

CASE 1.—A gentleman who was suffering under an acute attack of gonorrhœa, placed himself under my care. He had observed the discharge about one week after connexion, and shortly afterwards experienced great uneasiness in passing water, with copious increase of thick purulent matter from urethra.

Oct. 2. I directed him to take two pills composed of *colocynth pill*, P.D., and *blue pill* each gr. v, and in the morning following an effervescing aperient draught.

Oct. 3. Bowels comfortably freed; discharge and pain on making water the same. I prescribed *drachm* doses of *cubeb pepper* to be taken three times daily, and merely to apply square pieces of lint soaked in cold water under the prepuce, so as to cover the orifice of the urethra; this to be repeated *frequently* throughout the day.

Oct. 5. He stated that on the day following the first three doses, the pain was considerably diminished, but that the discharge was not altered. On this date, however, the uneasiness in the urethra was almost entirely gone, and the discharge much lessened. Continue the powders and lint.

Oct. 7. Disease totally vanished.

This gentleman on taking his leave informed me that he has been a martyr to an uneasy stomach (his own words), and that it struck him that since he had taken the powders he was not quite so much affected in that respect. I asked him what kind of uneasiness he complained of, when he gave me a list of the usual symptoms of what we call dyspepsia, viz., irregular bowels, eructations, unpleasant feeling after eating but moderately, nervousness, &c. &c. I recommended him to try half-drachm doses of the cubebs twice daily for a few days, and to let me see him again in a week. On his next visit his stomachic symptoms were so much relieved as to render him comparatively comfortable. I thought, however, that he had taken enough of the cubebs, and directed him to leave them off, and commence the *prussic acid* (P.D.), one drop in one ounce of distilled water three times daily. Under this remedy, now increased to two drops, this gentleman, whose appearance when I first saw him was meagre and sickly, is becoming fresh-looking and healthy.

If the symptoms above related depended upon low inflammation of the mucous surface of the stomach, it appeared to me to be probable that the cubebs must have acted in allaying it in the same manner as we know that it subdues inflammation of the mucous surface of the urethra, for I have invariably found that in cases in which this medicine *shows its influence*, the first amendment in the symptoms is relief of the pain in making water, which pain is undoubtedly caused by intense inflammation of the membrane lining this passage, and of the parts in connexion.

CASE 2.—A mate of a merchant-vessel applied to me labouring under somewhat similar gonorrhœal symptoms to those of the first case, with the addition of excoriation under the glans and prepuce, from which there was some secretion of matter.

Oct. 16. Bowels costive. Ordered gr. x *Pil. Col. Comp.* (P. D.) nocte. *Infus. Rosæ* ℥iss *Magnes. Sulph.* ℥ij. *Tinct. Sennæ C.* ℥ij; M. Mane sumendus.

17. Divide ℥i *Piperis Cubebæ* in chart. oct.; 1 ter in die. Lint soaked in water.

19. No amendment whatever. Cont. medicamenta.

21. Same as 19th. Continue.

22. Ordered *Bals. Copaibæ* ℥iss. *Magnesiæ Carbonatis* ℥ij. Misce et divide in pil. 54. j, 2ndis horis.

24. The pain from passing his urine nearly gone; discharge much less; and on the following day he was nearly quite well.

In the above case, and one similar in a female (allowing for the difference of sex) the cubebs had not the least effect; but the moment the balsam was administered the symptoms quickly diminished. I have no doubt that had I given the balsam before the cubebs, the same effect would not have been produced, as from experience I find that in cases where the cubebs alone exert no influence, if followed by the balsam the disease is quickly checked.

The best and, indeed, in my opinion, the only form in which balsam copaibæ ought ever to be administered is, solidified with magnesia in form of pills; it obviates all the unpleasant effects of this medicine when given in mixture. The pills are retained on the stomach in almost every case, and, moreover, it is an excellent mode of ascertaining the purity of the balsam, which, when adulterated,

will not solidify properly with the magnesia.

I look upon the resinous ext. of copaibæ to be a useless preparation (at least in my experience). I never could succeed with it in a single case. I should think the virtue of the balsam is destroyed in the process of preparing it.

By the above plan of treatment, namely, using the cubebs, and, where they fail when administered alone, following them up with the balsam in the form described, and taking care of the bowels, I have in ten cases out of twelve succeeded in arresting this troublesome disease in an extremely short period. I have also tried the strong injection of nitrate of silver in the early stage of gonorrhœa, often with success, but more frequently with failure, and I find that by adhering to the method I have above stated (not a new one I am aware) I generally succeed.

I should like to know if any of your correspondents have observed whether the cubeb pepper has had the effect of allaying stomachic derangement.

REMEDIAL POWERS OF THE

SOLUTIO HYDRIODATIS POTASSÆ.

By J. H. Horne, *Esq., Surgeon, London.*

The hydriodate of potash mixed with cerate, and used in the form of an ointment for an external application, or a weak solution of hydriodate, for its convenient internal administration, under either form, is well known and frequently used by the profession for the cure of various diseases; but the solution of the hydriodate of potash, as an external remedy, I believe is not much known, although exceedingly efficacious in allaying excruciating pains arising from numerous neuralgic affections. The strength of the solution must be regulated according to circumstances, which will best be illustrated by detailing briefly a few cases.

Case 1.—J. B., a strong healthy Irish labourer, in the early part of 1832 contracted a venereal disease, for the cure of which he was freely dosed by his medical attendant with mercury. He at the time of taking it was constantly exposed to the vicissitudes of the weather; however, the disease apparently yielded. At the latter part of the same year, he was seized with pains, particularly in the large joints, which confined him to his bed. After a few days these ceased, save in the right knee-joint, which not only increased in pain, but enlarged to an enormous size, causing him considerable alarm, and I was therefore requested to visit him. Finding that all the joints were attacked at the commencement, I was led to form a careful diagnosis. On minutely examining the body and extremities, I found that they were covered with patches of papular eruptions, proving it to be a confirmed case of secondary syphilis, the pain of the knee arising from a specific action of the mercury on the nerves supplying that joint, which is not an unusual occurrence where mercury has been abused, or given under unfavourable circumstances. Poultices and fomentations had been used before I was consulted, without the man's deriving the least benefit from them. These I ordered to be discontinued, and directed of *Hyd. Potassæ* ℥i, to be dissolved in H iss *Aquæ Distillatæ*, to be applied to the knee, and the limb to be gradually straightened, to prevent hereafter a contracted joint; several instances of which deformity I have seen where the means employed have not had the desired effect of speedily arresting the disease. To take of *Dover's Powders* 10 grs, and the same quantity of blue pill every night. The benefit was soon manifest. The pain and swelling quickly subsided, and by gradually reducing the mercury to an alterative form, the venereal taint was entirely destroyed, and the man perfectly recovered.

Case 2.—A very severe case of the same kind, and highly illustrative of the great power of this form of the preparation, I would add, were I in possession of the facts and treatment pursued while under the care of two celebrated hospital surgeons who saw it for some time, and who, failing in restoring the limb, came to the determination of amputating the leg, to which the patient refused to submit, and whose permission I have not been able to obtain to publish further particulars. I must therefore content myself with stating that the solution after a few days using, completely removed the pain and reduced the swelling; but from the length of time during which the disease had existed prior to the *Hyd. Potassæ* being used, adhesions had formed, and the joint still remains contracted, though it evidently improves. In April last the toes could not be made to reach the ground by four inches. At the present time they touch it without forcing them down. In other respects he is in a perfect state of health, though when I first saw him he was almost reduced to a skeleton.

Case 3.—J. F., a waggoner, while carrying a heavy load of wheat up a high

flight of steps, felt his right knee bend under the weight, and a sharp pain dart through it. On the same and the following day he continued his work, feeling but little inconvenience from the injury. On the third day his avocations caused him to walk more than usual; and, towards night, the knee became stiff and painful, the pain rapidly increasing through the night. A few days were suffered, unfortunately, to elapse, before medical assistance was sought for, but when obtained, prompt energetic measures were used to arrest the inflammation, though without avail, and the limb was rather too hastily condemned to be removed. Luckily the patient had not sufficient fortitude to undergo the operation, and preferred having other advice. I was sent for (in May), and found him labouring under that form of the disease which is commonly termed "white swelling," he having then been ill a month. I ordered the solution (strength ʒiv to H iss) to be constantly applied to the knee, and the whole limb to be kept lightly covered with a sheet—too much envelope acting frequently in a highly prejudicial manner. The only medicine ordered was the sulphate of magnesia and the nitrate of potash combined, with low diet. At the expiration of a fortnight, the severity of the disease being overcome, a poultice composed of hemlock leaves, bran, and lard, was ordered, to reduce the remainder of the pain and swelling, and to commence very gradually straightening the leg, which was bent nearly at right angles. This plan of treatment (with the addition of well rubbing the limb with *oleum olivæ*, when the tenderness of the joint permitted it without danger of renewing the inflammation) was followed for nearly three months, when the remedies were discontinued, and the knee was perfectly restored to its normal condition, in which state it has since remained.

5, Gerrard Street, Soho.

Optic Nerves.—M. Nealton showed a most curious state of the commissure of the optic nerves, which it was not easy to refer to a morbid condition or a congenital anomaly. The central portion of the commissure was changed into a gelatinous matter. On either side the optic nerves were continued parallel to one another, and only communicated by a nervous branch, occupying the anterior border of the commissure. In this individual the sense of vision did not present any anomaly.—*Anatom. Society of Paris.*

THE LANCET.

London, Saturday, Nov. 15, 1834.

In the clause which we quoted from the Charter of the College of Surgeons, inserted at page 252 of the last Lancet, the conditions were fully set forth which provided for the protection of those candidates who seek to be admitted into the medical service of the army and navy, a service embracing all those duties which pertain to garrisons and military hospitals. It has been there seen that the Commander-in-Chief or Commissioners of the Admiralty, or "any other officer properly authorized," may direct the Court of Examiners to admit a candidate for examination, with a view to his entrance into the maritime or military service of the country, and that a non-compliance with the "request" made by that officer would amount to such a breach of duty on the part of the College as must lead, on the institution of proper legal proceedings, to an annulment of the Charter. There is yet another provision connected with this branch of the subject, which is of some importance, especially when it is borne in mind that the Council indicate in their movements that they have one object always in view—lucre. The point to which we refer is this,—the examiners are "bound to accept and receive from the "persons so examined respectively such fee "or reward *as shall be allowed by the officer* "authorized to require such examinations "and *no more*." The persons who framed the Charter, or, rather, this clause of that instrument, appear to have understood the grasping character of corporations; hence this very proper protection in favour of candidates for admission into the army and navy.

In the first place, be it observed, the Commander-in-Chief, Commissioners of the Admiralty, or persons properly au-

thorized by them, can cause the examinations to be instituted, and the same officers have it in their power to nominate the fee which may be considered as a sufficient compensation for the duty that is performed by the examiners. Under a more perfect system of medical law and government no such authority as this could be conceded to laymen of any rank or station; in fact, such an interference with the executive duties of a *national* faculty of medicine would not be tolerated during a single month by the medical practitioners of England. But under existing circumstances it is particularly pleasing to observe that the pilfering practices of the Council—that the extent to which their demands may be carried in the cases of those candidates who seek for admission into the army or navy, can be controlled by the decision of an officer appointed by the Crown, the fee named by whom they are bound to accept and "*no* more." Should that officer apportion the fee in a manner suitable to the value of the services rendered by the examiners, it is seldom indeed that the student will be called upon to pay more than a few pence as the price of his collegiate certificate. Let us hope then, that the "properly authorized officers" know their men. Let us hope they already know that they are called upon to restrain the rapacity of a council of chirurgical Shylocks.

From the terms of the clause we have quoted, and from what we have stated by way of commentary, it has been demonstrated, that candidates for admission into the medical service of the army and navy cannot be subjected to the surveillance of the College while they are pursuing their studies at the hospitals or in the schools. Were the case otherwise, the public medical service of the country might be placed at the mercy, even at a moment of great national danger, of a band of knavish extortioners. Fortunate is it then that such a CLAUSE as the one we have cited is to be found in the CHARTER; and, as candidates for admission into the public medical service can, in all instances, be relieved from the tyrannical exactions and mandates of the College by the interference of a proper legal authority, why should medical students generally, candidates for professional practice and honours of other kinds, permit themselves to be perplexed, thwarted, and defrauded by the College, when to them—to surgeons moving in the private walks of the profession—the diploma is of no value whatever? Setting aside, then, the illegality of the by-laws of the Council,—and that they are illegal is certain, because they are not only inconsistent with one another, but are entirely incompatible with the spirit of the preamble of the Charter,—what is there of so inviting a character connected with the College, that it should induce students *voluntarily* to place themselves at the mercy of the *spies* of that institution? The College has no reputation, although it has obtained great notoriety. The College has done nothing for science, although it has done everything for pelf. The College has done nothing for the profession, although it has done everything to sustain a system of nepotism in our hospitals. The MUSEUM is the only thing of value connected with the College, and that Museum is not the property of the institution, but is held in trust, under a separate set of trustees, for the benefit of the profession and the community. An admission into that Museum, therefore, may be obtained without purchasing the diploma, and if the Legislature should but deal justly with the profession with regard to the HUNTERIAN COLLECTION, it will not be allowed to remain in its present situation, but will be made to ornament a Medical College of national capacity and tendency. When it is recollected that the museum was scarcely opened to

the profession during a period of twenty-six years, and that in all that time there existed no portion of a catalogue of its contents, arguments proving that the Museum ought to be placed in the hands of different keepers cannot for one moment be found wanting.

Now that the funds of the College are in course of expenditure in raising a structure which may soon be occupied by some useful body of manufacturers, the place will have few charms in the eyes of hospital expectants.

In their overweening pride and conceit the Council have evidently forgotten their position, otherwise they would not have committed such a piece of arrant foolishness as that of attempting to convert a permissive privilege into a mandatory authority. They have forgotten that the students are not compelled to resort to the College in order to purchase the right of practising surgery. They have forgotten that the surgeons of our public institutions are not under the control of the College, and cannot be required, under any existing form of law, to make the required "Quarterly Returns;" and, above all, they have lost sight of this fact, that although medical students have for a long time past submitted to be robbed of their money, they cannot be made to submit to be plundered of their time. By these last "Regulations" the odiousness of the *ticket system* is rendered complete; there was wanting but this additional stretch of an usurped power to render it one of the completest pieces of machinery for perplexing and injuring young men who are honourably engaged in the pursuit of knowledge, that was ever devised or engendered by the foul spirit of monopoly. Hitherto the "ticket system" was calculated only to insure a considerable outlay of money. The new regulations demand, in an equally peremptory tone, a sacrifice of *time*, and thus provision is made for the almost certain ruin of those students who may act so unwisely as to place themselves, by registering their names, within the pale and under the ban of the "new regulations." An expenditure of money was demanded by our ruling authorities,—at least we are told so by their foundered and scouted HACK—with a view to make the profession "respectable!" The sacrifice of time we suppose is to be enforced for the purpose of making the profession "useful." At any rate, these "new regulations" are designed to cloak the frauds which have been so long practised under the old system. Now that it is notorious, from the exposures which have so often been made in this journal, that the students; after having submitted to a compulsory payment for tickets, have not inflicted on themselves the additional injury of wasting their time in the "recognised" class-rooms,—have not wasted their hours in hearing essays read that are always infinitely inferior to the elaborate treatises on the same subjects which they have always an opportunity of studying in the closet,—the Council have at length "resolved" that the payments shall no longer be made for a *nominal* observance of the inane antics of the "recognised" gabblers. There is to be a real attendance on the "recognised" lectures. There is to be no freedom of choice, no privilege of selecting subjects, no discretion to be exercised in the mode of learning them; and, furthermore, the students on "registering their names" at the commencement of their education, must then be prepared to prove that they have paid all those fees which are necessary for the completion of their studies.

If the Council did not know that more than half the lectures which are delivered on medical subjects are worthless, the semblance of an excuse might be framed for their conduct; but experienced as *they* are in the labour of "lecturing," and fully conversant, as they must be, with what is

constantly passing in the medical class-rooms of this metropolis, this additional act of interference with the rights, comforts, and prospects of the pupils is most atrocious. Had they imposed a tax on ignorance or on idleness, they would have earned our approbation; but as it is self-evident that they have imposed a tax, in its worst possible form, on knowledge itself, so satanic a device ought not to be spoken of unless in terms of execration. It may be readily perceived that it is a last desperate effort to secure the profits of the "Ticket system;" but the tax on time comes at too late a period to be tolerated. Could the emoluments, however, be secured from this source, they would be more gratifying to the Council than if they were obtained by the diffusion of science or from the repression of vice. This College having, in the thirty-four years of its existence, received from medical students and practitioners nearly, if not quite, the enormous sum of *Three Hundred Thousand Pounds*, it has not, down to the present moment, instituted a single chair of medicine or surgery, or founded one medical scholarship! Such omissions as these are of themselves sufficient to stamp the sordid character of the Council. Instead of bestowing any portion of the money which they have received in trust for the commonalty, they have been engaged for years past in adding impost on impost, and increasing by every possible means *the expenses of medical education*. At one time they have been occupied in denouncing "provincial hospitals," at another in decrying courses of lectures delivered during the "summer season;" whilst in distributing their patronage, and in framing the whole of their laws, it would appear that the object of securing to themselves and their relatives some pecuniary advantage has never for one moment been forgotten. At length, as if lost to every sense of shame, they have formed a scheme, in the working of which a heavy impost will be laid on even the means of improving the human intellect; but they care not what is taxed, so that the benefit of the levy is bestowed on themselves, and they are always ready to exclaim, in the words of Vespasian—"Lucri bonus odor ex re quâlibet."

Unless the new "spy regulations" are *withdrawn*, the fate of the College will be speedily decided, without the aid of an Act of Parliament. Money being the connecting link of the members of the Council, take that bond of union from them, and they will exhibit no more of tenacity or of strength than a rope of sand. Like other miserly people, in grasping at more than their due, they have rendered insecure, if not lost, an income which they might have retained for a time by the exercise of less pilfering propensities. Surely the "certificate scheme" was sufficiently odious, without appending to it the *spy system*,—an institution in the production of vice and treachery, which finds no parallel in all the base contrivances that belong to human wickedness. If the Council of the College could have believed or imagined for a moment that the students in the progress of their studies were constantly subjected to the *personal notice* of the *lecturers* and *medical officers* of the hospitals, a pretext not wholly disgusting might have been framed for heading one of the columns with the words, "*Remarks as to Attendance, Absence, &c.*" Now as the medical officers of the hospitals are not at those institutions during enough of their time to enable them to become acquainted with the persons of the students, on whose information pray—on the accents of whose sweet voices—are the "remarks" to be founded? Every hospital is to be converted into a little Star-Chamber, or we are to have performed the sacred rituals of a medical inquisition. A virtuous sisterhood and brotherhood is to be esta-

blished, with sub-spies and inquisitors, aided and assisted by beadles, house-surgeons, hospital apprentices, dressers, and toad-eaters, abounding in the whole of those establishments. In one hospital, St. George's, as we have lately seen, the physicians and surgeons perform their duties in separate wards, at the self-same hour of each particular day. Yet the student must be in four places at one time, or he will be reported as "absent", as being "*very* negligent" throughout the session, as having paid "*no* attention to the skilful practice of Dr. Linger'em or Mr. Kill'em." If an inculpatory remark be made by a student in the presence of MR. OFFICIOUS, the dresser, or MR. TOADY, the house-surgeon, a "report" will be forthwith conveyed to the abused officer, by whose pen it will be recorded on the return column of denunciations. Is it not enough that "remarks" should be made relative to "*attendance* and *absence*," without soliciting a long *string* of "*et ceteras*?" What we would ask is to come under this latter term, if the subject-matter relate not to "absence" or attendance"? We presume such intimations as these: "This student complained frequently "that the lecturers were not *regular*, that "they kept the students waiting."

"Complained that notices of operations "were not posted."

"Complained that *post-mortem* examina-"tions were not instituted."

"Complained that the dressers were "always in the way at operations. Finally, "he has been very troublesome through-"out the session."

Then of another we might have it said—

"This student is a constant reader of "THE LANCET, and is always talking "of the benefits which that Journal has "conferred on medical pupils."

Of another it may be intimated "that he has reported for THE LANCET. Whatever the "return" may be, whether it exhibit the truth or a malignant falsehood—the student will remain utterly in the dark regarding it, until he finds that his character has been blasted by the hand of that most odious of all villains, a "spy." Will the students then by *volunteering* to "register" their names,—for they are not compelled by law to register, neither is it requisite for any practical purpose that they should possess the diploma of the College—will they, we ask, offer themselves up as *willing sacrifices* to the cupidity of a paltry knot of corporate monopolists? If the generosity of their disposition be at all in keeping with the elevated character of those studies in which their minds are engaged, they will spurn with contempt the "request" made by the Council, that they will record "their *names* at the College," together with the *documents* of their previous studies. In point of law the members of the Council are as powerless as so many old women. The diploma itself is worthless; it confers no legal right. The College can exercise no authority over the hospitals; it can enforce no legal restriction in the schools. The students may register or not, just as they please. If they *do not* register, they will remain free to exercise their medical studies according to the curriculum of the Society of Apothecaries. If they *do* register at the College of Surgeons, they must at the time of registration furnish evidence that they have bought all the "tickets" necessary for the *completion* of their medical education, and they appear as petitioners for the treacherous and infamous surveillance of spies. Let it not be said, in after times, that the metropolitan students of medicine in the session of 1834 and 35 solicited to become the voluntary instruments of their own discomfiture and degradation.

A QUARTERLY MEETING of the Dublin College of Surgeons was held on Monday week, at which more than the usual quantity of distinctive attributes was displayed by the members of its school. The College, indeed, now seems to assemble only for the purpose of submitting to the dictation, and sanctioning the measures, of the faction which it first imprudently called into existence, and still continues to cherish by its countenance, and maintain by pecuniary grants. The Pretorian bands of Rome, or the Janissaries of Constantinople, never ruled subjects or sovereigns with more arrogant and absolute sway, than does this noxious and costly superfluity domineer over the institution from whose passiveness to insult and mistaken ideas of medical economy it derives its power. In proportion as the school perceives its character to be undermined, and its merits to be understood, so is it throwing off the mask of moderation, and giving scope to the irritation arising from the anticipations of subversion. Its oldest members, from whose successful use of this school as an instrument of ambition some reserve and propriety of conduct might at least be expected, now mingle in the ribald and profligate strife of corruption as eagerly as the youngest of their unsated colleagues. In this reckless congregation of disconcerted speculators, no one uninspired with their mercenary spirit, or unregistered in the gloomy catalogue of their vassals, is safe from insolent interruption in the expression of his sentiments; at last even the president's chair has, from being the seat of impartial arbitration, been perverted into the seat of gross partizanship, and made by Mr. KIRBY the means of arresting legitimate discussion. To endeavour, therefore, to give a faithful picture of proceedings in which, as in one of HOMER's battles, there are often from ten to twenty pair of combatants engaged in single contest, would be hopeless. We consequently decline the task of uniting in one view the isolated conflicts of an assembly in which common forms and ordinary feelings are dispensed with, and content ourselves with a statement of the objects pursued at the meeting on Monday, and a few remarks on the manner of their disposal.

Amongst these a former motion, by Mr. CUSACK, *for the introduction of reporters*, was the first discussed, and not the least remarkable. The profession, indeed, was for some time perplexed to discover the motive of this NESTOR of the Kildare-Street league. However, his speech and the result on Monday have dissolved the mystery. His design was, he said, to correct the misrepresentations of their proceedings by the press, and, looking significantly at his friend Mr. JACOB, to check by record the irregular and intemperate language which occasionally occurred at the meetings of the College. But that these could not be his objects is apparent from the fact that although Mr. CUSACK is an advocate for short-hand notes, it seems that he is an enemy to publication, and would confine the registry of speeches to some lumber-room in which he is secretary! Mr. CUSACK, however, did not seriously intend to proceed with the motion. His proposal was designed to furnish the basis of a tirade against THE LANCET for its castigation of their proceedings—to give the beagles of Park Street, and the whippers-in of the College school, an hour's chase of this Journal. He accordingly started the game, and then hallooed on the pack. But he was soon not a little disconcerted to find the motion unexpectedly seconded. However, on the question of its withdrawal being raised, the PRESIDENT came to his relief, and in his usual one-sided way of adjudicating differences, settled the matter in-

stanter, by "ruling" that there was no question before the chair, though on other occasions he has given it as his opinion that the proposer of a motion which has been seconded has not the option to withdraw it, if the College insist on its being entertained.

To use reason with a man who continually perverts the powers of office to party purposes, is generally useless. The remedy of spirited and independent men, when aggrieved by such an abuse, would, of course, be the removal of the corrupt functionary, but as the College voluntarily permits injuries to be inflicted on it, why it must patiently bear them. As to the motion, we shall first merely express our regret that Mr. CUSACK thinks it necessary to adopt any *device* as an excuse for scolding us. We entreat him never again to task his invention for a similar purpose. We shall ever be ready to insert straight-forward defences of himself, and his associates, if he have any to offer, and will send them as becomes one who feels that they have been un justly rebuked Secondly, we are tempted to say, that, taking all the circumstances of this clumsy *jeu d'esprit* of the secretary into account, we are surprised that the reporting in joke was not made corruption in earnest; and that some little CUSACK, or COLLES, or HARRISON, or JACOB—some *parvus* TULUS of the reigning dynasty—was not taken from school, and installed into the office of "College Reporter" with a handsome salary. It would be quite as defensible thus to provide for one of the "young HANNIBALS," as to burden Dr. STEPHENS' charity with the maintenance of "Master WILLY," without even the decency of advertising the vacancy made for his appointment. In short, it would be as proper a mode of expending the money of the students, licentiates, and members, as the provisions made for accommodating the professors and half-a-dozen "demonstrators," &c., who now figure in the dissecting-rooms, and who will, of course, provide by "grinding" any deficiency towards their livelihood in the allowance made by the College.

The next motion was one for *the publication of the charter*, on which an amendment was moved for *the printing of the by-laws* with it. The object of the amendment, however, was merely to deprive the gentleman who made the original motion of the credit of being instrumental in bringing to light a document which the school has endeavoured so long to conceal. These functionaries have the silliness to mimic the envious cunning of ministers who take out of the hands of reformers those measures which can no longer be withheld, and the stupidity to suppose that the finesse is not seen. Doubts of the propriety of publishing by-laws, some of which have been declared illegal, being raised, a discussion on the case of Mr. NUNN ensued. Upon this subject the PRESIDENT refused to give any information to the College, though it subsequently appeared that an official correspondence had taken place without its consent or knowledge. As soon, however, as the President and the school have settled the matter according to their own tastes, they will condescend to afford the College the required details. Much discrepancy appeared to prevail on this topic among those who spoke on it,—Mr. JACOB asserting that proceedings had been instituted in the Court of King's Bench by Mr. NUNN against the College, and Mr. CUSACK as positively affirming the contrary. In his speech on this point, Mr. JACOB assailed in a very unceremonious manner one of the Censors of the College who is known to take an active part in the case of Mr. NUNN. The supposition of his having, along with Mr. NUNN, proceeded against the College, was ludicrously turned into a charge of perjury, and made

the pretext of a coarse tirade. In the selection of his subject, however, Mr. JACOB was rather unfortunate. If he did not recollect the proofs of "perjury,"—if he will have this term and so apply it,—brought against himself in the Committee of the House of Commons, the presence of Mr. KIRBY, and the appointment of the professor of the practice of physic, ought surely to have admonished him that he was treading on dangerous ground. Some other business followed, of which we shall take notice on a future occasion, as it is likely again to come before the College.

As to the abuse of ourselves we have little to object. The praise of such a body would afford us instant ground for believing that we had neglected our duty. On the whole, however, would it not be discreeter to hold silence? The best actors always die quietly. It would be more seemly to resign with calmness the usurpation which it will not be permitted to the school to hold much longer. After making use of the College, its officers, its libraries, its museums, its treasury,—of every portion in short of the institution itself, they might afford to quit their grasp without the indecency of complaint. Few persons at the Old Bailey sympathize with culprits who grumble because the officers insist on removing from their pockets their ill-gotten wealth.

Mr. COLLES and Mr. CUSACK, and their immediate dependants and relations, ought not to utter one moan on the present occasion. Has not one of them realized a large fortune by the system and means which we have so often deprecated? Has he not settled one of his sons in the first hospital of the country,—placed his brother-in-law in the College, out of which, independent of his gains as a lecturer, he has this year drawn five or six hundred pounds for deputations to London,—and appointed various persons, for many years, to situations in the provinces, where they have been possessed of opportunities of repaying his patronage by country consultations? Has not the other acquired an independence by the fees of the crowds of apprentices who have been attracted towards him by the accommodations of the "waste rooms" in Stephen's Hospital; and by charging so much a head to externe pupils for the inspection of the maladies of the public patients? This traffic, the simony of science, should be resigned with the grace of silence.

The fugitives before the advanced battalions of medical reform, will only be laughed at for their outcries at the pursuit of the victors.

THE question of "medical responsibility" (which has made so much noise in Paris in the affair of THOURET-NORUY), is about to be tried in Belgium, in consequence of poisoning resulting from some error in medical prescription. Dr. SEUTIN, a most respectable physician at Brussels, prescribed for the child of one of his friends the following formula:—"*Muriat. Hydrarg.* iii." The apothecary made up three grains of corrosive sublimate without marking the paper, and placed it in the hands of Dr. SEUTIN himself, without making the slightest observation. The latter mixed the powder with some sirup, and administered it to the child, which consequently died. The family of the child prosecuted Dr. SEUTIN before the court of Brussels, which declared that there was no cause for proceeding. On the appeal of the Attorney-General, the affair has been referred to another tribunal. M. DE FONTANELLE, of Paris, has been charged with the duty of deciding what is to be understood by the words "mur. hydrarg." Were common sense allowed to interfere in the elucidation of the question, it seems to us that it might be very easily resolved. The term "murias hydrarg." in medicine means nothing, because the muriates of mercury mentioned in the Pharmacopœia of Paris, are distinguished into "murias dulcis," and

"murias suboxigenatus." The prescription of Dr. SEUTIN was therefore imperfect, and the apothecary had no right whatever to decide the question by making up the poison instead of calomel, without expressing his doubts to the physician, and demanding an explanation.

INTERESTING FACTS,

Derived from the Bulletins of the Anatomical Society of Paris.

INJECTION OF A CLOT IN THE HEART.—M. Vernais (interne to M. Andral) has reported to the *Anatomical Society* of Paris, that while injecting a subject for anatomical purposes, he succeeded in injecting a clot contained in the centre of the heart.

MALFORMATIONS.—M. Laurent presented a human skull, in which there was complete absence of the two ossa unguis, and the superior maxillary bone was divided into two parts by a suture. In the cabinet of comparative anatomy at the Garden of Plants, there are several human skulls, which belong to Gall's collection, in which the same suture is seen.

BULLET IN THE LUNG.—M. Martel presented the society with a case in which a *musket-ball had been lodged in the left lung for twenty-five years.* The ball had fractured the neck of the humerus, and penetrated into the chest above the breast. The upper extremity had been amputated at the shoulder-joint. The wound in the chest soon healed, but the patient remained subject to fits of suffocation and abundant hemoptysis, under which he at length sunk. The ball was found behind the third intercostal space, in the middle of the pulmonary tissue, lodged in a kind of cavern which communicates with the bronchi.

CEREBRAL ATROPHY.—M. St. Ives presented an example of atrophy of one of the hemispheres of the brain, which had scarcely one-third of the volume of the opposite one. The hemisphere of the cerebellum of the opposite side had equally atrophied. The patient, 36 years of age, was epileptic, and for the last few years had become quite idiotic.

ANOMALY OF STRUCTURE.—M. Cazeaux reported a case in which the great oblique muscle of the eye was absent on both sides, but gave no particulars as to the condition of the fourth nerve in this curious anomaly.

MEDIAN LINE.—M. Cruveilhier presented a heart which he had succeeded in dividing into two complete moieties; thus realizing in the human subject what is observed in certain animals.

THE AURICLES.—M. Ribes presented the heart of a man 60 years of age, in which the two auricles communicated freely together by a large aperture, without any change having been produced in the colour of the skin.

SPINAL COLUMN.—M. Belloc presented an example of deformity of the spinal column which is, perhaps, without example. A rachitic woman, 40 years of age, who had been frequently delivered by the forceps, was pregnant for the eighth time. Delivery was found to be impossible, and the Cesarean operation was performed. After death, which took place in a few days, the spinal column was found joined at a right angle to the sacrum; and the sacro-vertebral angle had suffered an inversion of 110° to 120°. The extremities of the last false ribs were distant from the anterior superior spine only nine lines, and the spinal column itself approached the symphysis pubis within about two inches. The pelvis was very little deformed. The deformity seemed to depend on the destruction of the body of the fifth lumbar vertebra, and partial erosion of the sacrum.

LUXATION OF THE FEMUR.—M. Sedillot showed a case of luxation of the femur upward and backward, where the round ligament, though elongated, was not ruptured. This case comes in support of the opinion advanced by some surgeons, and particularly M. Dupuytren.

WORMS IN THE BLOOD DISCOVERED BY MR. BUSHNAN.

To the Editor of THE LANCET.

SIR,—I hope and believe you will do me the justice to correct some inaccuracies into which you have been led in THE LANCET for the 4th of October, which has only now reached me. At page 65 you say, that at the late meeting of the *British Association* at Edinburgh, "Dr. Bushnan exhibited some worms which he asserted had been formed in the blood of a female. A discussion ensued, during which several medical men declared that they had ascertained the woman to be an impostor, and that the worms, when examined by Mr. Rhind, had proved to be the same that are found in common ditch water." Now the worms, in the first place, were found in the blood, not of

'a female," but of a young boy; and the only "discussion" which took place on the subject, was a captious objection taken, not by "several medical men," but by one gentleman—(who, although he has since shed the light of his countenance on Dumfries, was, at the time the case occurred, practising at Birmingham)—to the credibility of the mother of the boy, and which objection he supported only by the stupendous fact, that her statement was regarded by the surgical officers of the Dumfries and Galloway Royal Infirmary, to whom, previously to applying to me, she had presented herself, as *all a hoax*. Further, the fact discovered by my friend Mr. Rhind, which, in your account of the matter, is made to appear to have transpired in the course of the "discussion," is explicitly stated in my original pamphlet on the subject, published by Mr. Highley, and in which an attempt is made on these principles, to account for the presence of the worms in the situation in question.

I forbear to enter into the probable motives of the person who furnished you with the garbled and unfair statement you have inadvertently published; nor shall I discuss the point how far the opinion of the surgical officers of the Dumfries Infirmary is to be considered conclusive in a case of this nature. Those who have read my pamphlet, will know that I used every reasonable precaution to prevent imposition, that the woman had no motive for wishing to impose upon me, and that so far is the case from being unprecedented, that numerous similar examples are recorded by authors whose opinion is entitled to at least equal credit with that of any of the sages aforesaid. "Unlimited scepticism," says the admirable Stewart, "is as much the child of imbecility as unlimited credulity." He might have said it is still more so; such scepticism being certainly far less frequently the result of great depth of intellect and extensive information—of knowing, in short, how little is to be known, than of profound stupidity and ignorance.

I have the honour to be, Sir,
Your most obedient servant.
J. Stevenson Bushnan.

Dumfries, Nov. 9th, 1834.

*** We were betrayed into the error by one of the weekly literary journals, and now express our great regret to Mr. Bushnan, that we gave additional publicity to the misstatement.—Ed. L.

GUY'S HOSPITAL.

On Tuesday last, an operation was performed at this hospital for chimney-sweeper's cancer. The area of the theatre was, as usual, crowded with persons who had nothing to do with the operation, and whose heads and shoulders effectually hid the patient from the mass of students who had assembled in the amphitheatral portion of the room. The students of Guy's having, through the medium of our accounts from *St. Bartholomew's Hospital*, discovered that a reform in this nuisance is perfectly practicable, had resolved to make some attempt to effect one in their own quarter, when the following accidental event, well calculated by the feeling it has produced in the hospital, and the publicity which we here give it, to accomplish the desired object, occurred at the above-named operation.

Amongst the intruders in the area was a bran-new dresser of Mr. Morgan, who, filled with the consequence of his fifty-guinea "office," and strongly marked with the swaggering airs and bragadocia qualities which those unhappy students acquire who spend their nights at taverns, and their days beneath the porticos of the hospitals, determined to set the pupils at defiance during operations, and freely boasted that he would occupy a place in the area, object who might amongst the *canaille* behind; at the same time intimating his intention to give a d—d good licking to any student who would afford him an excuse for so doing. "Well and good," thought some, "but Brag is a dog that may get well bitten."

Mr. Dresser (so we shall name him at present) was as good as his word. He was conspicuous amongst the intruders. The customary outcries were raised in the theatre. No one out of the area could witness a step of the operation. The surgeons took no kind of notice of the complaints. On the contrary, the utmost *nonchalance*, as is invariably the case, was exhibited at the cause by those whose duty it was to procure a full view for all. Mr. Dresser appeared to make it his especial business to put his head in the way. Just behind, in the student's portion of the theatre, was a Mr. Pupil (so we shall name this gentleman) to whom Mr. Dresser's head was particularly offensive. With sufficient politeness he begged that the block might be removed a little, but no attention was paid to the request, which was a second time made in vain. As Mr. Dresser might be deaf he was touched, when the intimation

which failed to affect one sense greatly irritated another. His skin was more sensitive than his tympanum. This is generally the case with consequential people, who are sensitive only on wrong occasions. Mr. DRESSER was now more obdurate to remonstrance, if possible, than before.

The operation ended, Mr. DRESSER in the lobby sought Mr. PUPIL. "Did you mean to inthult me, thur, in the theatre?" *Mr. Pupil.*—"Certainly not. If I touched you too hard, Rathill, I am sorry for it."—"Well, thur, if I didn't know what you were, I'd teach you by a thummary prothess what it ith to inthult a drethur." Such is the substance of the preliminary dialogue, when the dresser walked on, with feelings of "thublime conthempt" for the "mere sthudent." But Mr. PUPIL was not to be thus "dispothed of." He was promptly at Mr. DRESSER'S side, and, laying his hand on the "drethur's" sacred arm, he becomingly objected to a separation in such a groundlessly offensive spirit, whereupon, without notice of any kind, Mr. DRESSER turned suddenly round, dealt Mr. PUPIL a blow on the side of the head, and followed up the attack in a most furious manner.

Now Mr. PUPIL is a light weight, and the dresser is a heavy one. So the former received the onslaught with simple parries, waited, with judgment and coolness, the expenditure of Mr. DRESSER'S two puffs of pulmonary wind, then "pitched into" his opponent in style, and in a few moments belted him so thoroughly well, that the dresser's friends "took him away," bleeding profusely from nose and mouth. Sir ASTLEY COOPER, who happened to be present, begged that they might be allowed to "fight it out," but the dresser-party knew that it was already fought out, and refused, Mr. MORGAN assuring the damaged Mr. DRESSER that at least he had the credit of being on the just side in the quarrel, "for his head," said Mr. M., "was only where it ought to be at the operation."

The students now departed home, rejoicing at the lesson which had been given to the intruders, and trusting that a public record of the event would prove a salutary step in the reform which is so much needed.

It is unpleasant to have to detail such scenes, but if they occur in the hospitals within our cognizance, the delineation of them becomes a duty.

Mr. MORGAN has since been to King HARRISON, to complain that the pupils are threshing the intruders. Ah! ah! His majesty threatens an investigation, and swears the intruders shan't be "touched." Ah! ah! Can the pupils be true to themselves? If so the area will soon be free from intruders. By-the-by, what does Mr. LEVER do there?

ST. GEORGE'S HOSPITAL.

ON Friday the proceeding called an election of an assistant-surgeon and an assistant-physician was gone through at this hospital, when the excitement of the parties interested therein was of the most absorbing kind. The poll opened at twelve o'clock, when the different medical and surgical officers, the candidates, and their friends, made their appearance. When Sir BENJAMIN BRODIE arrived, not a single mark of respectful recognition (usually shown by the removal of the hat) was shown by any one of the numerous pupils who were present. The intriguing baronet was met by the "cut dead." He looked as became him on the occasion, depressed and pallid. Messrs. KEATE, HAWKINS, and BABINGTON, were received in a similar manner, as also were Drs. CHAMBERS, SEYMOUR, and RODERICK. On the other hand, when Dr. WILSON, and Messrs. WALKER, LANE, and STONE, and Dr. HENRY DAVIS, arrived, every demonstration of gratification was shown. The candidates were, Mr. LANE, Mr. CUTLER, and Mr. PALMER, for the assistant-surgeonship, and Drs. HOPE and DUNLAP for the other office.

Soon after the opening of the poll it became evident, from the efforts made by the BRODIENAGS to bring up their votes, that they were determined to have a majority on the pole at each moment of its continuance, realizing the impression all along expressed in this journal, that the influence used for Mr. CUTLER was by far the strongest. Mr. PALMER was a mere cipher in the affair, and this he has since acknowledged by the terms of the advertisement in which he "returned thanks" for his "defeat." At first Dr. DUNLAP was above Dr. HOPE, but the scale soon turned. Many smart jokes were uttered, during the poll, at the expense of Sir B. BRODIE and his thin-legged footman, who was regarded as an eaves-dropper in the hall by the students. At three o'clock the poll closed, when the numbers were found to be, for Mr. CUTLER, 178; for Mr. LANE, 99; for Mr. PALMER, 25.—For Dr. HOPE, 158; for Dr. DUNLAP, 89.

Mr. CUTLER and Dr. HOPE were therefore declared "*duly* elected."

Mr. LANE had urgently requested his pupils not to show any mark of disrespect

towards the elected candidate; but in vain. Their feelings could not be restrained, and when Mr. CUTLER made his appearance, he was greeted with overwhelming hisses and groans. Mr. LANE, on the contrary, was heartily cheered, and congratulated on the honourable and independent spirit which he had shown throughout a long and arduous contest for the situation, and on the great number of votes registered in his favour in the teeth of the whole medical and surgical staff of the hospital—Dr. WILSON excepted.

Mr. CUTLER is to have the care of the out-patients of the two junior surgeons, and Dr. HOPE is to prescribe for the out-patients of the four physicians. A correspondent, however, remarks, "that whatever may have been the case with regard to Mr. BRODIE's former appointments to the Hospital, he has, in the present instance, at least had regard to competency on the part of the person appointed; for it is pretty clear that the second assistant-surgeon will have *nothing to do* in the institution, and has therefore been most happily selected by the discriminating baronet to fill the new office." Surely, however, the surgical quartette will manage to *cut* out some work for the new officer in the way of after-treatment. When labourers have nothing to do, said Lord Castlereagh, it is better for overseers to dig holes for the men to fill up again than to let the men be idle.

The instant the election was over, Dr. HOPE was advertised on the walls of the hospital as lecturer on *medical jurisprudence* in the theatre in January next! Mr. LANE is about to publish a history of the election in a pamphlet.

The introductory lecture to the course on *Medical Jurisprudence*, at Mr. LANE's theatre, was delivered on Tuesday evening last by Mr. WILCOCK the barrister. The theatre was crowded, and on entering and leaving it the lecturer was received with hearty plaudits.

DISPERSION OF FLATUS BY RUE.—Our reporter, in transmitting to us the clinical remarks of Sir B. BRODIE on Abdominal Tumours, published last week, omitted to append to them a notice of the case on which they were made. We now, therefore, give the following particulars:—The woman was admitted into Burton Ward under the care of Sir BENJAMIN for a very painful abdominal tumour, situated over the region of the left ovarium. She was sent to bed, and freely leeched and purged, which somewhat relieved her. However, on his first visit to the patient, Sir BENJAMIN found her in extreme agony, whereupon, without making any examination of the tumour, he contented himself with ordering the remedies to be repeated. On visiting her again he found the abdominal tenderness much diminished, and the pain almost entirely gone. He then examined the tumour, and came to the decision that the principal swelling was tympanitic. He accordingly requested the house surgeon to summon Dr. SEYMOUR to the patient, as the Doctor was curious about abdominal swellings and tumours. Dr. SEYMOUR soon arrived, when the following dialogue ensued:—*Doctor* SEYMOUR. When were you confined last? *Patient*. More than a twelvemonth since.—*Doctor* S. Are you sick? *Patient*. Yes, very.—*Doctor* S. When did your husband die? *Patient*. Three months before my last confinement.—*Doctor* S. Was this tumour larger after your confinement than it is now? *Patient*. Yes, much larger.—*Doctor* S. Was it as much on one side then as it is now? *Patient*. It was.

Satisfied with the replies, and agreed as to the diagnosis, it was mutually decided by the doctor and surgeon, that the case was one in which much good might be effected by the exhibition of a warm enema, consisting of a solution of *confection of rue* every night, which Dr. SEYMOUR remarked would speedily dispel enormous quantities of wind from the bowels. Hereupon many cases were related by the attendant medical officers for the edification of the patient and the gentlemen around, as to how this medicine was very near being expelled from the forthcoming Pharmacopœia, but was ultimately preserved for the reduction of accumulations of intestinal air by the exertions of Dr. SEYMOUR; also how some patients who had suffered from flatus had been cut for ovarian tumour, and how in one case the surgeon who made the mistake having found out his error departed, and published an account of the transaction. A hint was also thrown out, of the probability that at some future time ovarian tumour might occur in man. The rue enema, in the case of the woman, had the desired effect, and she is now well.

HAIR-PIN IN THE URETHRA.

John Baines, ætat. 44, admitted on the 3rd. At a short distance anterior to the scrotum, and in the course of the urethra, there is felt a hard yielding tumour, about the size of a filbert. On passing a gum catheter along the urethra, a grating sensation is communicated to the hand, as if a rough foreign body was lodged in the urethra. The man is, or pretends to be, deaf, and therefore but a very confused history of his case can be obtained from

him. He says, that the swelling has existed four years, and that it appeared soon after he was paid off from his ship, on which occasion, and in conformity with custom, he got dead drunk. He experiences now a very frequent desire to make water, with great pain and heat in the urethra, especially when the trunk of the body is bent forwards, and occasionally there is great pain in the region of the neck of the bladder.

An incision being made over the tumour, it was found to be caused by the sharp extremities of a common hair-pin projecting on each side of the urethra, and embedded in lymph. On pressing these backwards, a prominence could be plainly perceived lower down in the perineum, over which an incision was therefore made, and the round extremity of the pin was exposed, which was easily withdrawn in the direction downwards and backwards with a pair of forceps.

4. A considerable quantity of urine has been voided from the anterior wound in the urethra, but none from the posterior wound in the perineum.

29. Both wounds have nearly healed; the urine all passes through the natural passage. Five days after, he was discharged cured.

a Anterior end of pin protruding from canal of urethra.

b Posterior end of pin protruding at perineum. The pin is but little altered or corroded.

LOCK HOSPITAL.

SECONDARY SYPHILIS.

James Bourchier, ætat. 37. He has been ill for sixteen months; his complaints began with the appearance of a chancre five weeks after connexion, which remained open six weeks. Four months afterwards an eruption came out, which disappeared in the course of a month. He continued well until four months since, when he was attacked with sore throat, which is now very bad. There is a syphilitic ulcer on the face, which he has had during five months; one on the head during three weeks, and one on the nose for a month. He has, since the onset of his complaints, undergone the following treatment:—Sixteen months since he took a mercurial pill every night for nearly six weeks, and rubbed in mercurial ointment for one month. Nine months ago he swallowed a Plummer's pill every night for one month. Seven months ago he took the same for one month. In the intervening time he had the *Decoct. Sarsæ*, and continued it for the space of two months after the last course of mercury. Two months since he took a mercurial pill every night for nine nights, and at the same time rubbed in mercurial ointment in the neck. The gums have been affected by the mercury several times. Five years ago he had a chancre, which remained open only two weeks, and for which he rubbed in mercurial ointment for one week, and took one blue pill every night for the same time, which made the gums very sore.

On his admission it was found upon examination that there was ulceration of the anterior part and right side of the soft palate, and of the posterior and upper part of the pharynx. The uvula was enlarged and vascular; gums vascular; there is an irregular scab with surrounding redness, and puffy tenderness on the left side of the angle of the mouth; there is a similar scab on the upper part of the scalp; the right ala and apex of the nose are swollen, of a dull-red colour, and tender to the touch, and there is a cicatrix, with some slight hardness, in the upper part of the angle of the nose. His general state of health is not good, he being rather weak; appetite bad; bowels rather confined:—*Haustus Sennæ: Balneum Tepidum.*

Feb. 4. ℞ *Acid. Nitric.* ʒj; *Theriacæ* ʒiss; *Aquæ Fontanæ* 0iss. M. Quotidie sumendus.

6. The ulceration on the palate has assumed a yellow sloughy state, and it is surrounded by much florid redness; bowels confined. *Decocti Sarsæ Comp.* 0j, quotidie sumendus.

Gargarisma Boracis. Olei Ricini ʒvj, statim sumend.

8. *Unguent. Hydrarg. Fort.* ʒi, omni nocte utend.

11. Perstet in usu medicinæ.

12. The bowels have been freely opened; palate in the same state; gums very tender; spits a good deal; breath fetid. The scab on the face has fallen off, exposing

an ulcerated surface. Omitt. Unguent. Hydrarg. Fort.

13. A good deal better to-day. Palate quite clean. 18. *Misturæ Acidæ* 0ss, quotidie sumend. 25. Perstet in usu medicinæ.

27. Throat quite well; sore on the face healed; scab on the forehead has come off. Much better in his general health.

March 6. Going on very well. 13. Still improving; complains of slight pains in the nose.

15. ℞ *Decoct. Sarsæ Comp.* 0ss; *Extracti Sarsæ* ʒi. Misce. Quotidie sumend.

18. Perstet. *Liq. Calcis* per Lotionem.

April 1. Adde *Acid. Nitric.* ʒss, ad Decoct. Sarsæ Co.

2. Since the last report ulceration has occurred in the ala of the right nostril, extending from its inferior border in contact with the cheek, up to the os nasi. On pinching the nose on one side, it appears to open into the nostril. It commenced and spread very suddenly and rapidly. It was of a red colour, and appeared inclined to slough, and was very painful. It is now much better, looks cleaner, is far less painful, and the edges have begun to cicatrize. The throat is quite well; the ulcer of the face has healed with puckered cicatrization. He feels better in health.

18. Perstet in usu medicinæ.

29. ℞ *Syrupi Sarsæ* ʒss, *Aquæ Calcis* ʒj, ter quotidie sumend.

30. Nose quite well.

May 1. Convalescent. Discharged.

GONORRHŒA.—ULCERATIONS OF PHARYNX.

James Small, a groom out of place, was admitted on the 15th of February. He has laboured under his present attack of gonorrhœa for one week. It began with a discharge from the urethra two days after connexion. He has had ardor urinæ for six days, painful nocturnal chordee for four nights, and sore throat for one week. He has cicatrices which are the remains of old sores which occurred two years since. He has only taken one dose of salts, and has not had connexion since the commencement of the complaint. He lives temperately. There is a thick yellow discharge from the urethra, with violent scalding in micturition, accompanied by painful nocturnal erections. There is a cicatrix with an indurated base occupying the glans and the inner angle of the left side of the prepuce, with much loss of substance of the former structure. There is another cicatrix of a former sore, with some thickening of the surrounding parts in the angle on the right side of the prepuce. There is a yellowish-white superficial ulcer on the posterior and upper part of the pharynx behind the left posterior palatine arch. He complains of much pain in swallowing; the gums are vascular; the general health is very good. ℞ *Hydrarg. Submur.* gr. iv. h. n. s.; *Haustus Sennæ*, cras primo mane sumend.

16. ℞ *Haustus Sennæ* ʒiss; *Vini Colchici* ʒj, hac mane sumend., et cras repetend. *Pulvis Gonorrhœalis* ter quotidie, e *Decoct. Hordei sumend. Gargarisma Boracis* pro re nata utend.

18. *Pulvis Secale Cornuti* gr. v, ter quotidie sumend.

27. Discharge much less, thin, and watery; ardor urinæ has entirely left him. There are occasional involuntary erections at night, but they are not painful. There is slight induration of the corpus spongiosum. The throat is quite well, but he complains of great dryness. Bowels rather confined. Perstet in usu Pulv. Secale Cornut. *Mistura Alba*, omni mane.

℞ *Plumbi Acetat.* gr. ij. *Aq. Fontan.* ʒi. M. Fiat injectio.

March 6. Discharge has ceased for the last week. There is a small bubo below Poupart's ligament on the right side.

9. Perstet in usu medicinæ.

13. There is a slight ulcer on the right tonsil, but he does not complain of soreness. Slight headach and fever; bowels confined. Haust. *Ol. Ricini statim.*

27. Quite well. Discharged.

"SPOONFULS."—*To the Editor.*—Sir, I agree with Mr. Wansbrough * that "spoonfuls" is the legitimate plural of "spoonful;" but explanation is not argument, and authority, the great arbiter of language, from his own illustration, is nearly balanced. The truth is, that "spoonful" is an *abstract noun*, merely implying the *quantity which a spoon* (cochleare magnum, mediocre, vel parvum) *is estimated to contain.* Its plural, therefore, should be formed according to the general rule for English nouns, "by the addition of an *s* to the singular." I remain, Sir, your obedient servant,

S. F. LEACH.

30, University Street, Nov. 10th.

PATENT LINT.—Our attention having been directed to the patent lint manufactured by Messrs. Tosswill, Bailey, and Co., we may remark that it is a very beautiful article, and can be used with advantage in all cases where the aid of lint is required.

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* Mr. Wansbrough wishes us to substitute *are more than one spoon*, for *is more*, &c., in line 32 of his letter.—ED. L.

MRS. HOPKINS.—*To the Editor.*—Sir, The kind promptitude with which you have attended to the case of Mrs. Hopkins claims the warmest thanks of that lady and her friends. *Bis dat qui cito dat.* I embrace with much gratification your offer to receive proxies at THE LANCET office, and with renewed expressions of respect and esteem I remain your obedient servant,

GEO. F. KNOX.

14, George-st. Adelphi, Nov. 7.

ARREST OF HEMORRHAGE FROM LEECH-BITES, WITH PLASTER OF PARIS.—An instance of its efficacy has lately occurred in the practice of Mr. E. Oliver at the *Western Dispensary*. A patient of this institution had applied a leech to each temple. The bleeding from one orifice stopped, but the other resisted every application for its arrest. She had lost at least a pint of arterial blood, which was still jetting, most probably from a terminal or frontal branch of the temporal, at the point where it anastomoses with twigs of the ophthalmic. The patient was in a state of syncope and had vomited, and as Mr. Oliver could neither conveniently tie the vessel nor moderate its flow even by pressure, he coated over, to some extent, with liquid plaster, the triangular wound. This very quickly and effectually stopped the hemorrhage.

Mr. ED. DUNCAN, of Leadenhall Street, informs us that it is the custom of some medical men in the City, which he hopes for the honour of the profession is not very general, to pay over a portion of the fees received by them as medical attendants at an accouchment, *to the nurse*, under the name of "*poundage*." He trusts that the mere announcement of the almost incredible fact will do much towards the suppression of the discreditable and suspicious practice.

MARSUPIAL BONES.—These are two moveable triangular bones, attached to the anterior margin of the pelvis, and tapering forwards along the abdomen; they differ from each other in size; they are useful in supporting the mammary pouch, and in protecting the internal viscera from injury during the struggles of the little animal in its domicile; they also assist in compressing the mammary gland, and forcing its secretion into the nipple.—*Lecture on the Zoology of Australia by Dr. Litchfield.*

Dr. VENABLES, in a reply to the remarks of "Medicus" (page 257 of our last number), observes that "'Medicus' merely shows that Dr. Christison was aware that the *meconic* and *sulpho-cyanic acids* both affect the *persalts of iron* in the same manner. The fact of the sulpho-cyanic acid being a constituent of the human saliva was taken advantage of in a trial upon a charge of poisoning with opium, to invalidate the testimony of and embarrass Dr. Ure. Dr. Christison does not point out any means of obviating this difficulty. It is true, he asserts that the quantity of saliva necessary to produce a sufficiency of sulpho-cyanic acid to afford the characteristic indication with the persalts of iron exceeds what could possibly be found in the stomach, and in all probability Christison is right. But would a jury be satisfied with the mere presumption? Christison has omitted the means of distinguishing and chemically identifying the two acids. I have stated them, and so far the reviewer is borne out in his assertion. I have placed it upon record that the *nitromuriate of gold* (which term I shall use, notwithstanding the ultra precision of 'Medicus') is a test which the jurist may employ in such cases to complete his evidence."

M. SANSON has been again appointed to supply the place of Baron Dupuytren at the *Hotel Dieu*, the health of the Baron being still in a very precarious condition.

A translation of Louis on Phthisis, with an introduction, notes, and additions, by CHARLES COWAN, M.D.E., M.D.P., &c., is in the Press, and will be published in two months.

MR. WEISS'S CALCULUS INSTRUMENTS.

ERRATA.—As the descriptive titles of the instruments, engravings of which were given at page 245 of the last number of THE LANCET, were misplaced, and as the error is peculiarly unsightly, we insert the engravings this week on the wrapper, with a correction of the mistake. The title of the catheter forceps at page 245 should be attached to the screw forceps, and the title of the screw forceps should be attached to the catheter forceps. This alteration our readers will perhaps be so good as to make in their last week's copies of THE LANCET. In the fourth paragraph of the "Description of the plate," page 244, line 4, for *returning* read *retaining*.